

Name
in
Full

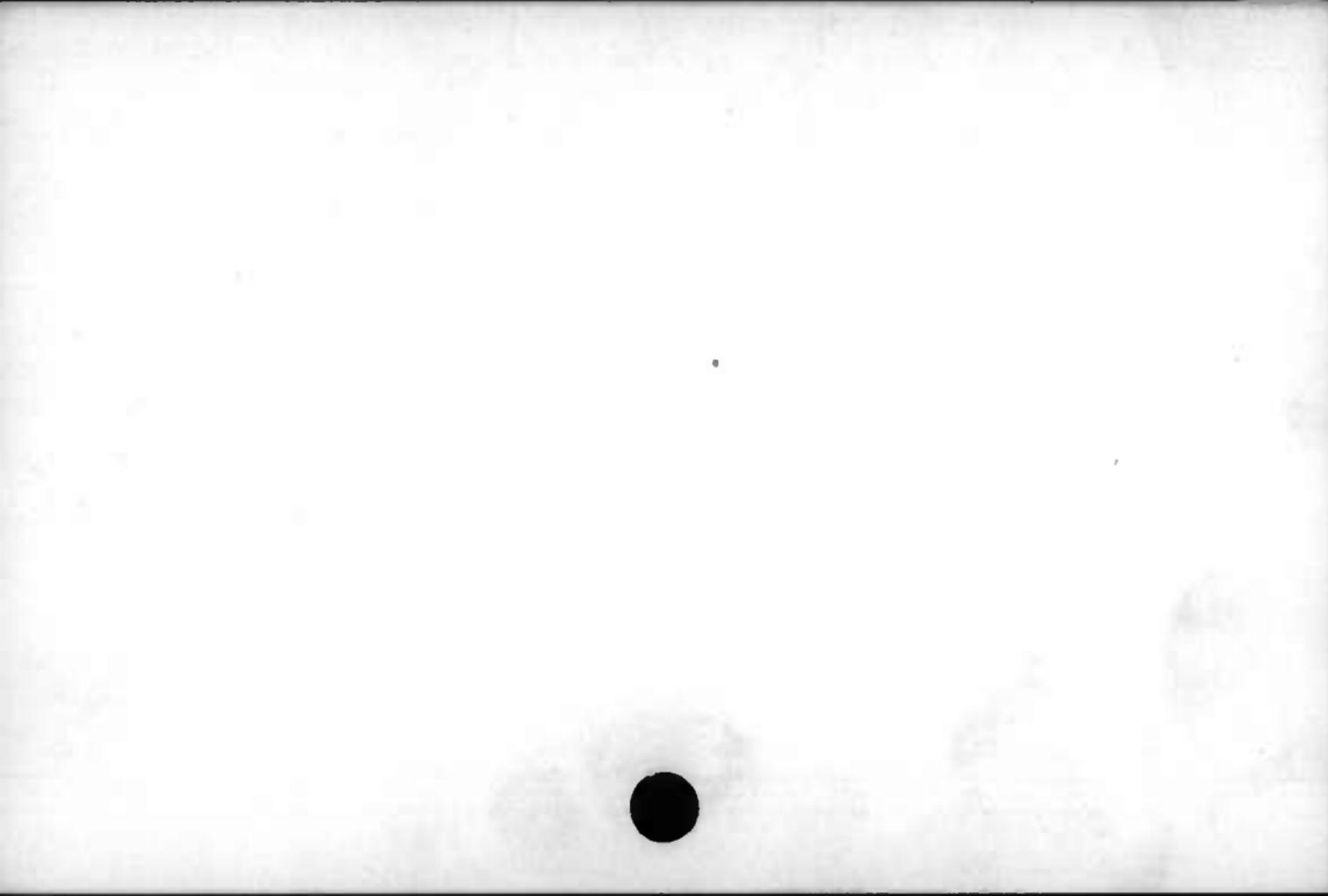
Noffett & Burner
Frederick Frederick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	OWN			County	MARYLAND		
Date of death 1903	Month Nov	Day 14th	Age 6	Years	Months	Days	
Sex Male	Color or Race	Child	Birth-place	Frederick			
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	George Burner			Father's Birthplace	Md.		
Mother's Maiden Name	Mrs. Noffett			Mother's Birthplace	Md.		
Name of person giving information	Mrs. Noffett			How related to deceased	Grandmother		
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis			How long	6 mo.		
Immediate	acute pneumonia			How long	60 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Frank J. Fedges		
Yes				Address	Frederick		
Accident or Suicide?					Md.		

PHYSICIAN
OR CORONER



Name
in
Full

William V. Boileau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Nov	Day 27	Age 78	Years	Months 7	Days 8
Sex	Male	Color or Race	white	Birth-place	Ind		
Married, Single or Widowed	Married	Occupation	Nailor				
Name of Wife or Husband	Sarah C Boileau						
Father's Name	David Boileau		64	Father's Birthplace	Ind		
Mother's Maiden Name	Sophia Holm		64	Mother's Birthplace	Ind		
Name of person giving information	Sarah C Boileau		64	How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage		How long	Hoffman
Immediate	Paralysis		How long	Hoffman
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E B Buckley	
		Address	Middletown Ind	
Accident or Suicide?				



Name
in
Full

Lozzie Butler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Liberty District		Frederick				
Date of death 1903	Month Nov	Day 22	Years	Months 8	Days 2		
Age							
Sex	Color or Race	Black	Birth-place	Lib Dist			
Married, Single or Widowed	Single		Occupation	None			
Name of Wife or Husband	Maggie Butler 23						
Father's Name							
Mother's Maiden Name	Maggie Butler						
Name of person giving Information	Charles Butler						

CAUSES OF DEATH

Primary	Pneumonia	How long	10 days
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

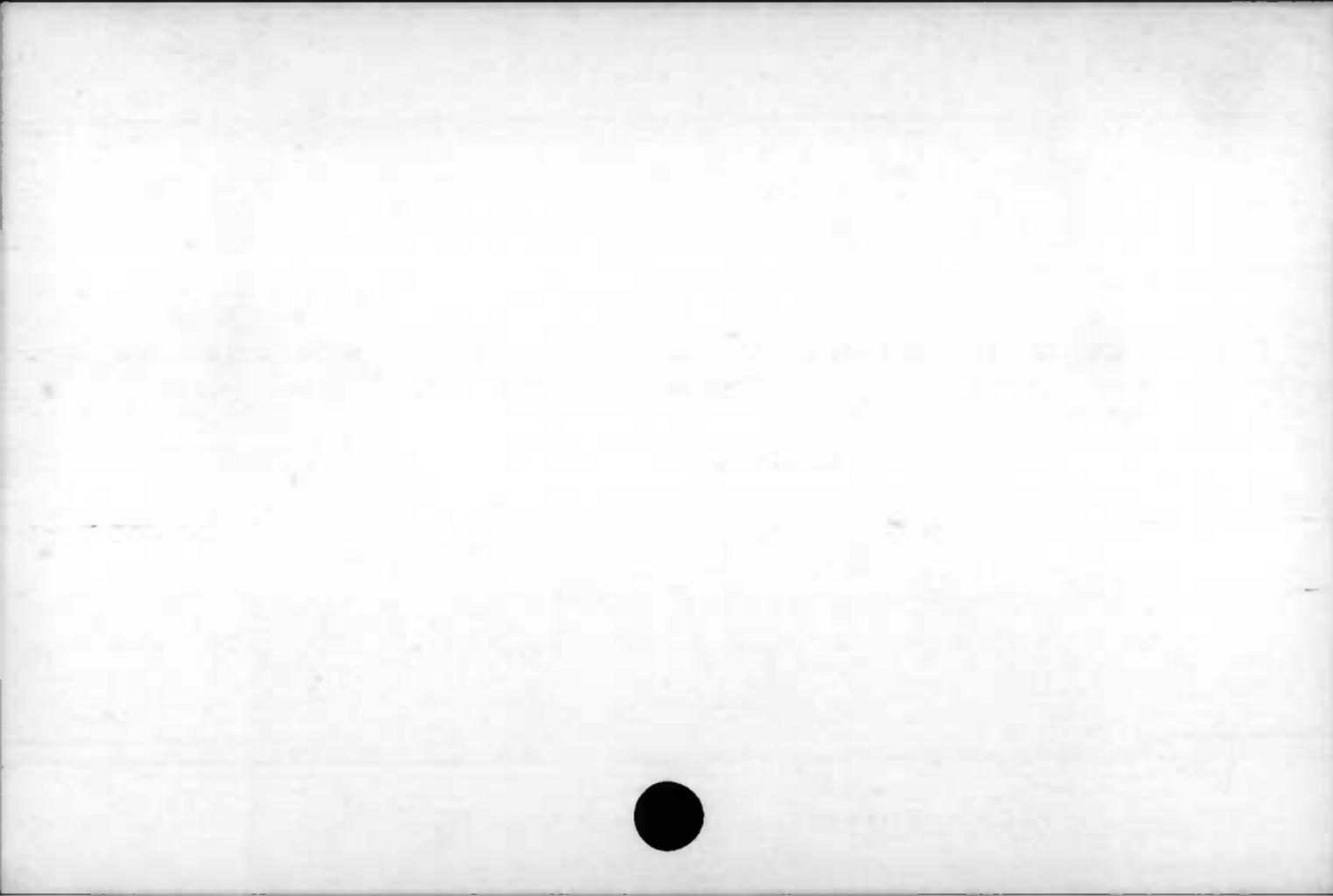
Signature of Physician

Address

J. Thomas Siv.
Liberty Town
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Andrew Jackson Carpenter 30,

Town County MARYLAND
Jamesville Frederick

Died at Town County MARYLAND
1903. Month Day Y. M. D. Native of Occupation
Jamesville Frederick U. S. Farmer
Date Month Day Age 63 - 9 - 14
Male White Married Widow Divorced
Female Colored Single Widower Number of children living
3

Husband of May Carpenter

White Father's Name

John Carpenter

Mother's Name

Eliza

Cause of Death

Primary Malvalular disease of the heart

How long sick
7 months

Immediate Syncopes

Accident, Suicide, Homicide

Reported by

George N. Rijo M.D.

Address

Jamesville [Redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Julia Ann Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
3	11	3	83 5 2
Sex	Color or Race	Birth-place	
Female	White	Med.	
Married, Single or Widowed	Occupation		
Widow			
Name of Husband	William G. Cole		
Father's Name	George Rice	79	Father's Birthplace
Mother's Maiden Name			Mother's Birthplace
Name of person giving information			How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Heart Disease & Dropped by
Asthma

How long

Several years

Immediate

How long

By works

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Ann Elizabeth Copeland

CERTIFICATE OF DEATH

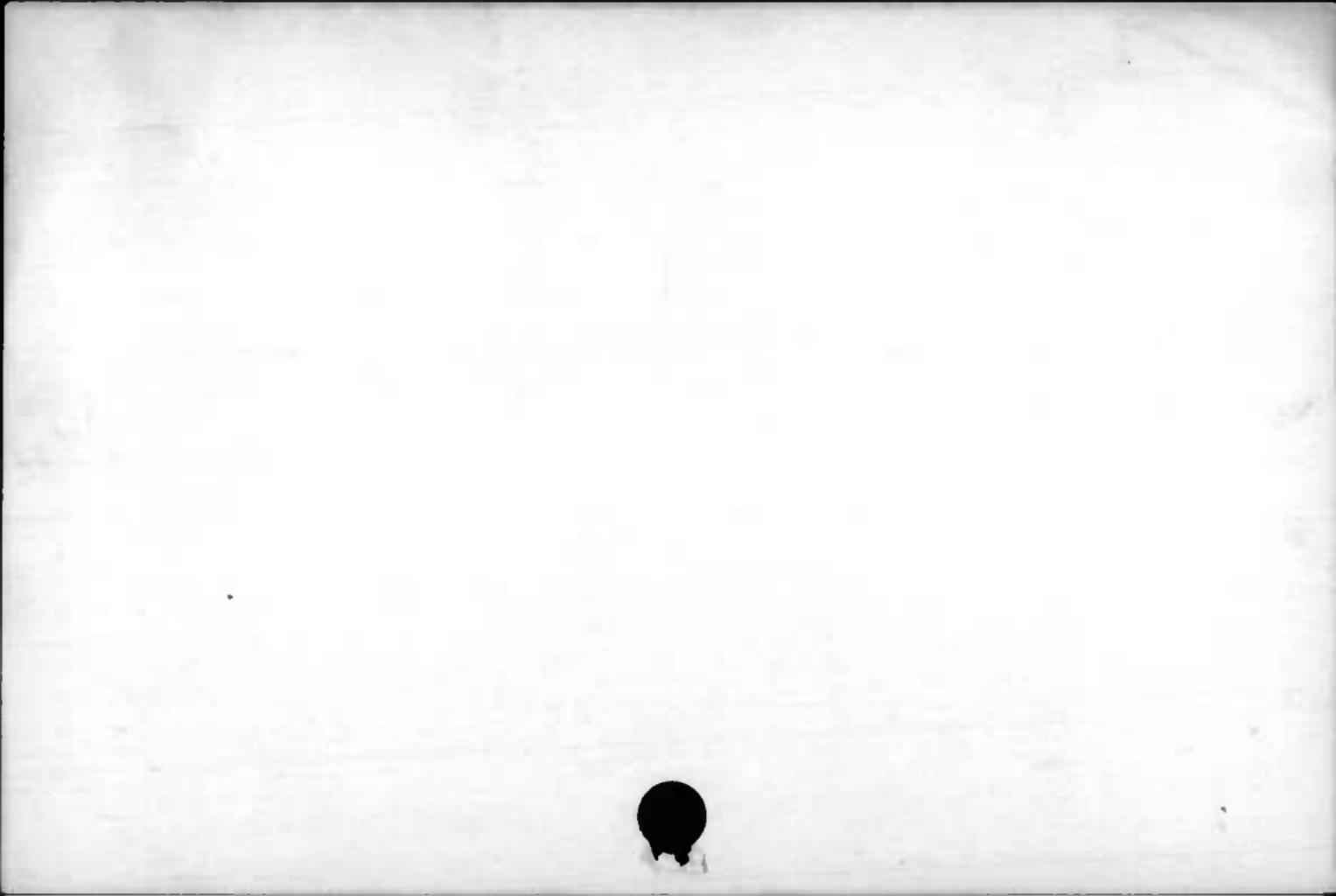
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1903	11	85	5
Age	Color or Race	Occupation	
Sex	Female	White	Birth-place
Married, Single or Widowed		X	
Name of Wife or Husband	Mrs. Mr. Copeland		
Father's Name	X		
Mother's Maiden Name	154		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suffocation	
Immediate	Respiration	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	C. D. Conley Ocean View Delaware	



Name
in
Full

Crummett Anna Maria

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903 -		Month 11	Day 17	Years 75	Months 1	Days 22	
Sex	Female	Color or Race	White	Birth-place	Urbana Md		
Married, Single or Widowed		Widow		Occupation	Wife		
Name of Wife or Husband		Walter Crummett					
Father's Name		John Davis		Father's Birthplace	Urbana		
Mother's Maiden Name		Anna Maria Davis		Mother's Birthplace	Urbana		
Name of person giving information		Albert Crummett		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric carcinoma

How long

7 yrs

Immediate

Asthma

How long

Several Month

Are the name, age, sex, color, date and place correctly given above?

Yes

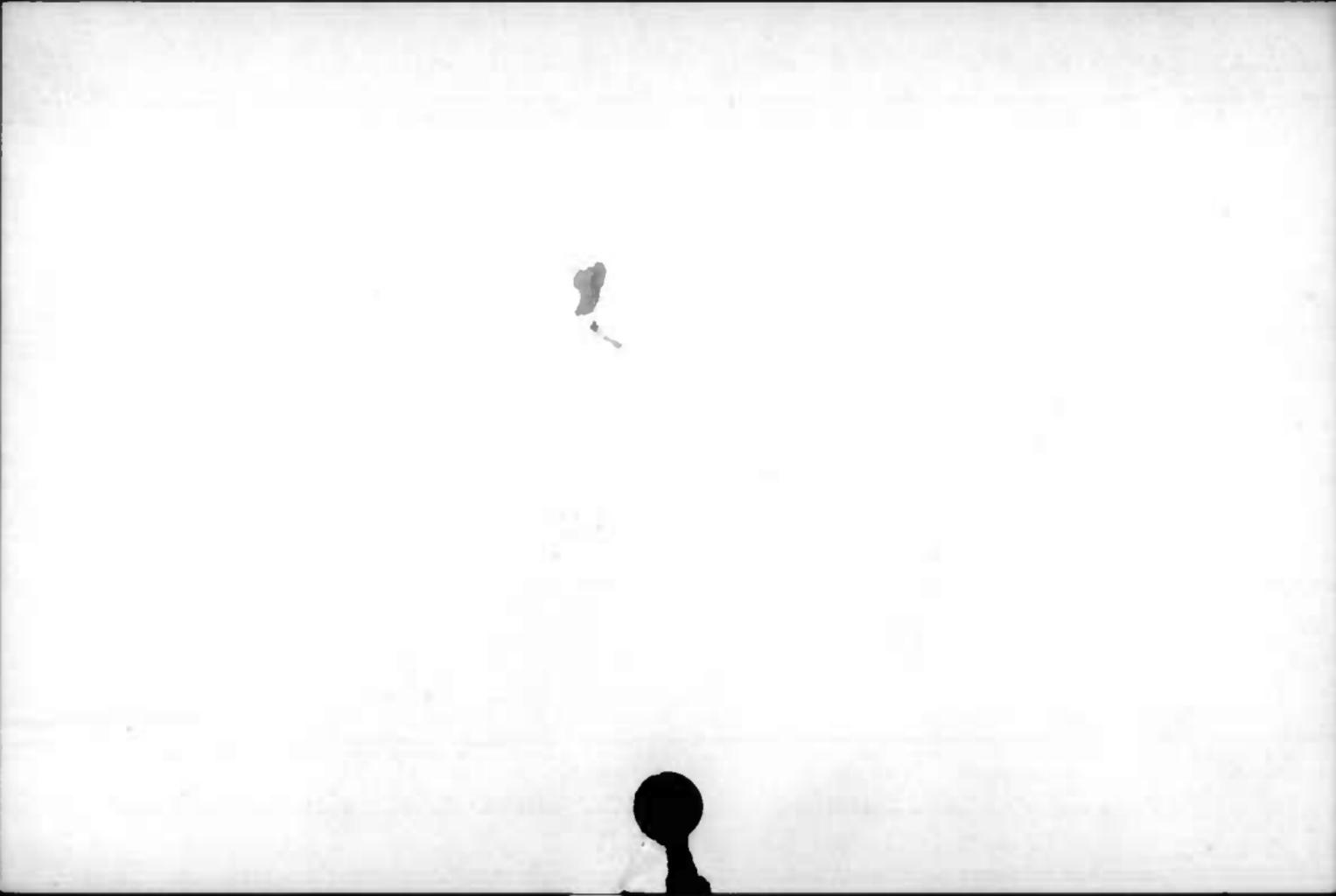
Signature of Physician

Address

H P Fahney M.D.

Frederick Md

Accident or Suicide?



Name
in
Full

Theodore Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
3. NOV-	1903	17th	18			
Sex	Male	Color or Race	White	Birth- place	Indiana	
Married, Single or Widowed	Single	Occupation	Student			
Name of Wife or Husband						
Father's Name			106.	Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Rev. J. M. O'Hara			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Inflammation of the Bowels	How long	Three days.
Immediate	Necrification	How long	12 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John B. Brown, M.D.
		Address	Summitburg, Md.
Accident or Suicide?			



Name
in
Full

Victor De Souk

CERTIFICATE OF DEATH

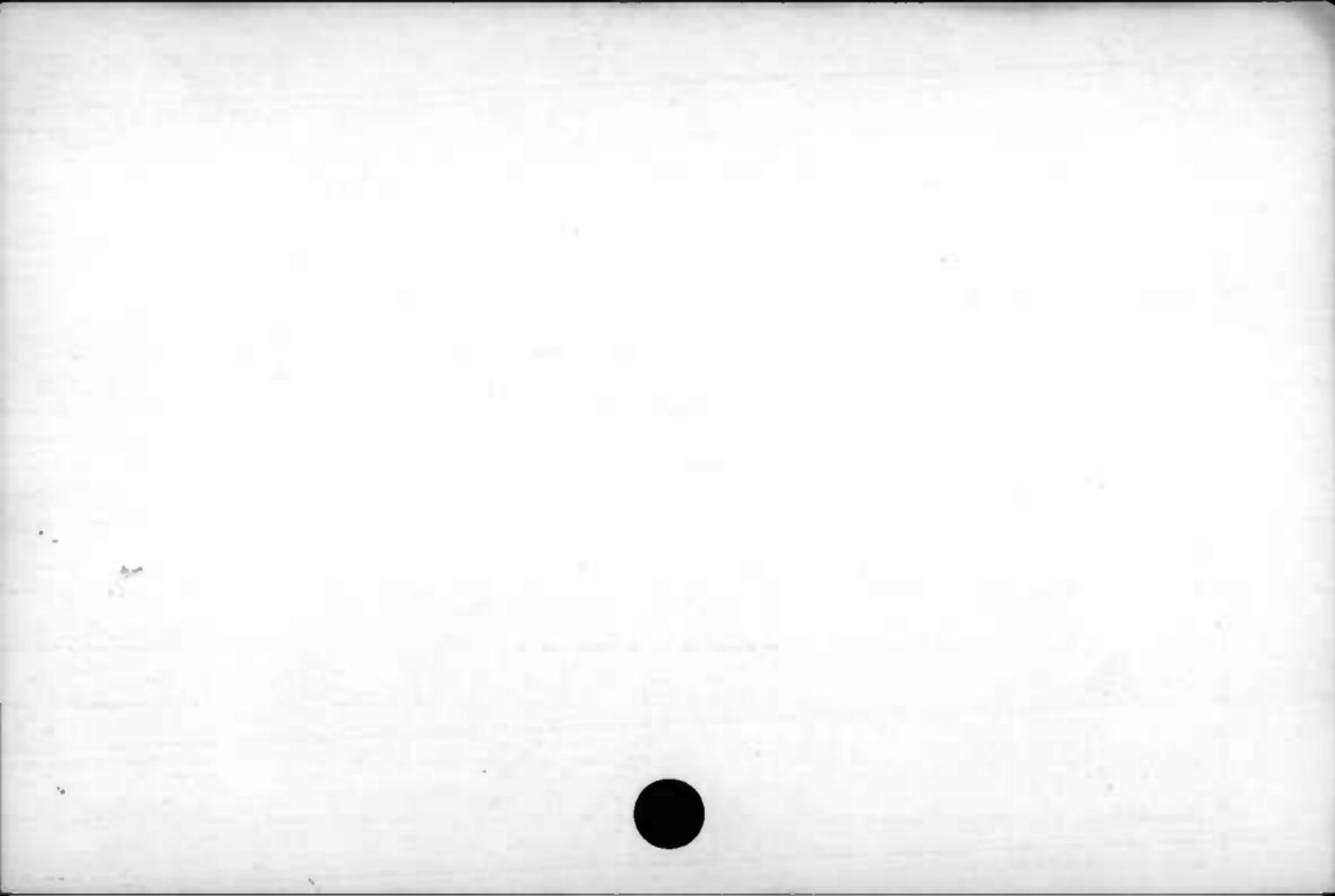
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Moslem</u>		Town <u>Town</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month <u>11</u>	Day <u>11</u>	Age <u>81</u>	Years <u>81</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>			Occupation <u>Married</u>		<u>Paris France</u>	
Married, Separated or Widowed <u>Married</u>							
Name of Wife or Husband <u>+</u>							
Father's Name <u>+</u>					Father's Birthplace <u>Paris</u>		
Mother's Maiden Name <u>+</u>					Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Miss Shook Nurse</u>					How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fraction of Corneal Mem</u>	How long <u>10 days</u>
Immediate <u>Paralysis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. S. Hayward</u>
	Address <u>17 Second St - W</u>
Accident <u>C. 1-2</u>	



Name
in
Full

Martha Virginia Elgin

CERTIFICATE OF DEATH

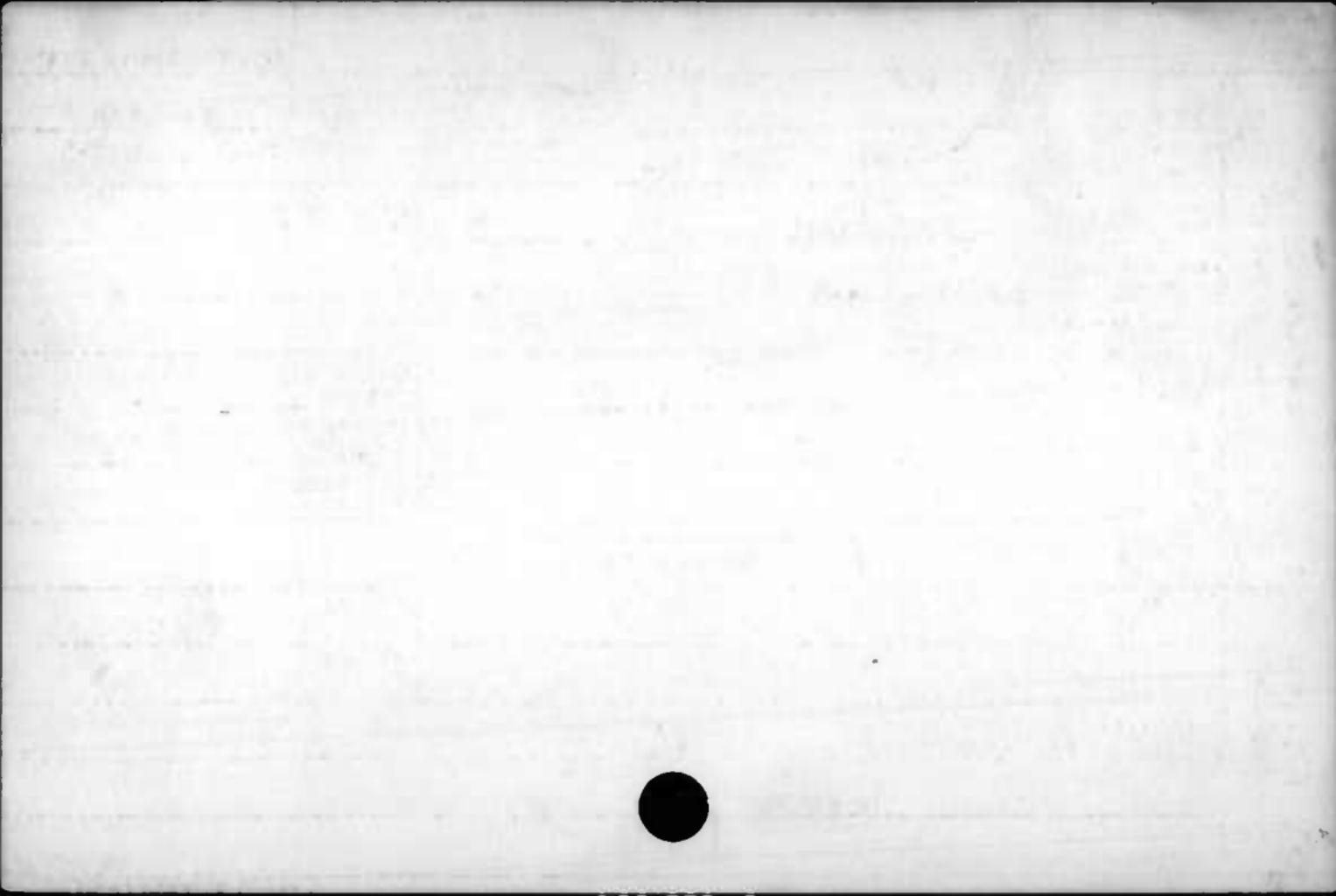
To BE ANSWERED BY
NEAREST FRIEND

Town	Brunswick			County	Frederick	
Died at	Month	Day	Years	Months	Days	
Date of death 1903	Nov	29	Age 17	4		
Sex	Female	Color or Race	white	Birth-place	Md	
Married, Single or Widowed	Single			Occupation	none	
Name of Wife or Husband						
Father's Name	Henry Clay Elgin			Father's Birthplace	Md	
Mother's Maiden Name	Prudence Boteler			Mother's Birthplace	Md	
Name of person giving Information	Carroll Elgin			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Six Months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		A. G. Horine	
	Address		Brunswick	
Accident or Suicide?			Md.	



Maude E. G. E. L. W.

Town

County

Died at

MARYLAND

Woodsboro, Frederick Co.

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Nov.	1	4.	6		Md	
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband
of

Wife

Father's
Name

Name

Cause of

Death

Reported by

Address

Mother's
Name

QV

Dorothy

Primary

Henry C. Eel

How long sick

2 days

Immediate

Pneumonia

Accident, Suicide, Homicide

D. Pharette Undulata

Woodsboro



Name
in
Full

Annie E. Favorit

CERTIFICATE OF DEATH

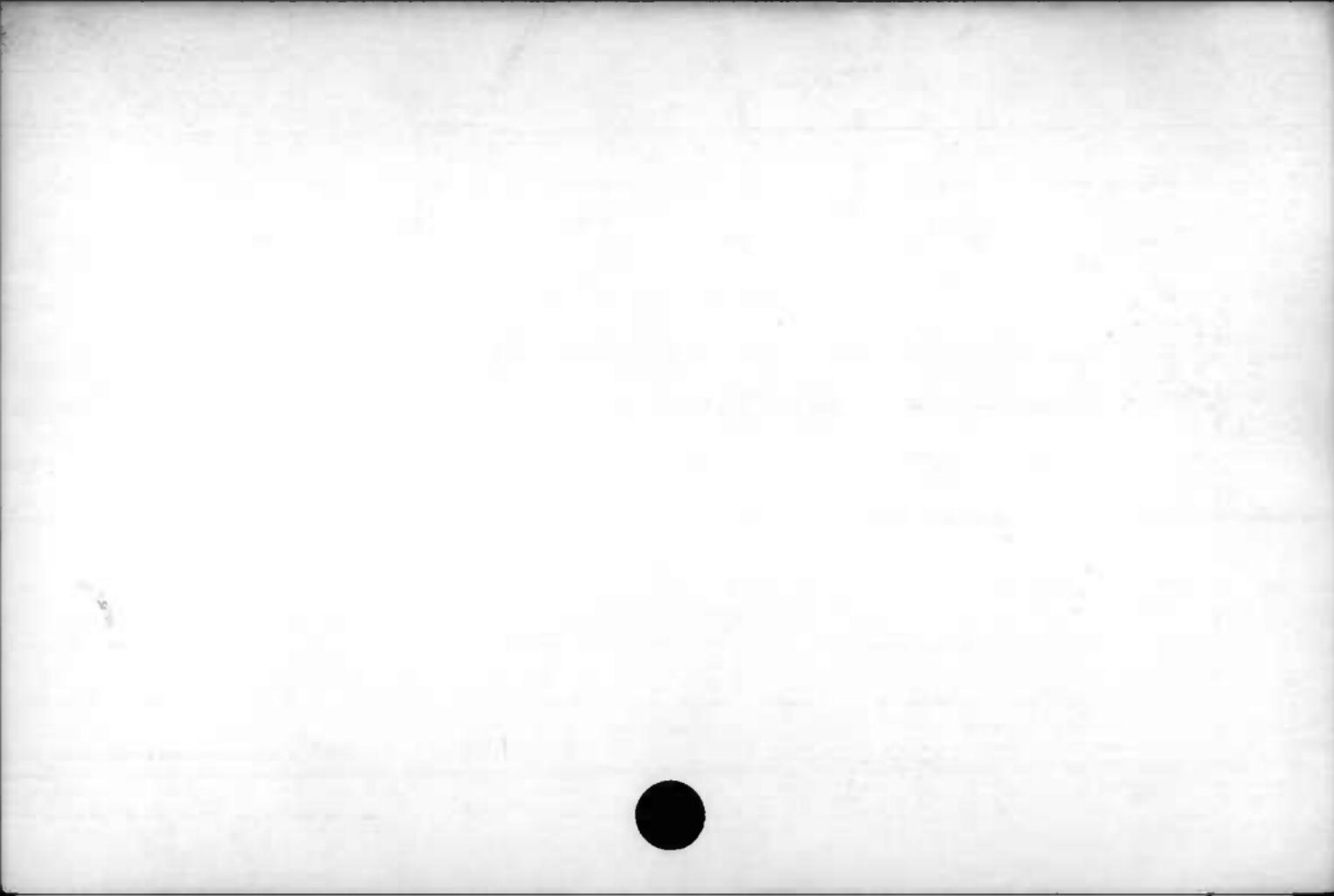
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Sabillasville</u>			County <u>Frederick</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>11</u>	Day <u>21</u>	Age <u>72</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Pa</u>		
Married, Single or Widowed	Occupation <u>Isaac Favorit</u>					
Name of Wife or Husband						
Father's Name <u>Michael Gonder</u>	Father's Birthplace					
Mother's Maiden Name <u>Barbara Gonder</u>	Mother's Birthplace					
Name of person giving information <u>Grant Harbaugh</u>	How related to deceased <u>Nephew</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>because of heart & dropsy</u>	How long <u>two years or over</u>
Immediate <u>dropsy</u>	How long <u>several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Annie Favorit</u>	Signature of Physician <u>Grant Frankly M.D.</u> Address <u>W. 14th street</u> <u>Pa</u>
Accident or Suicide?	



Name
in
Full

Annie Hanah Gosnell

CERTIFICATE OF DEATH

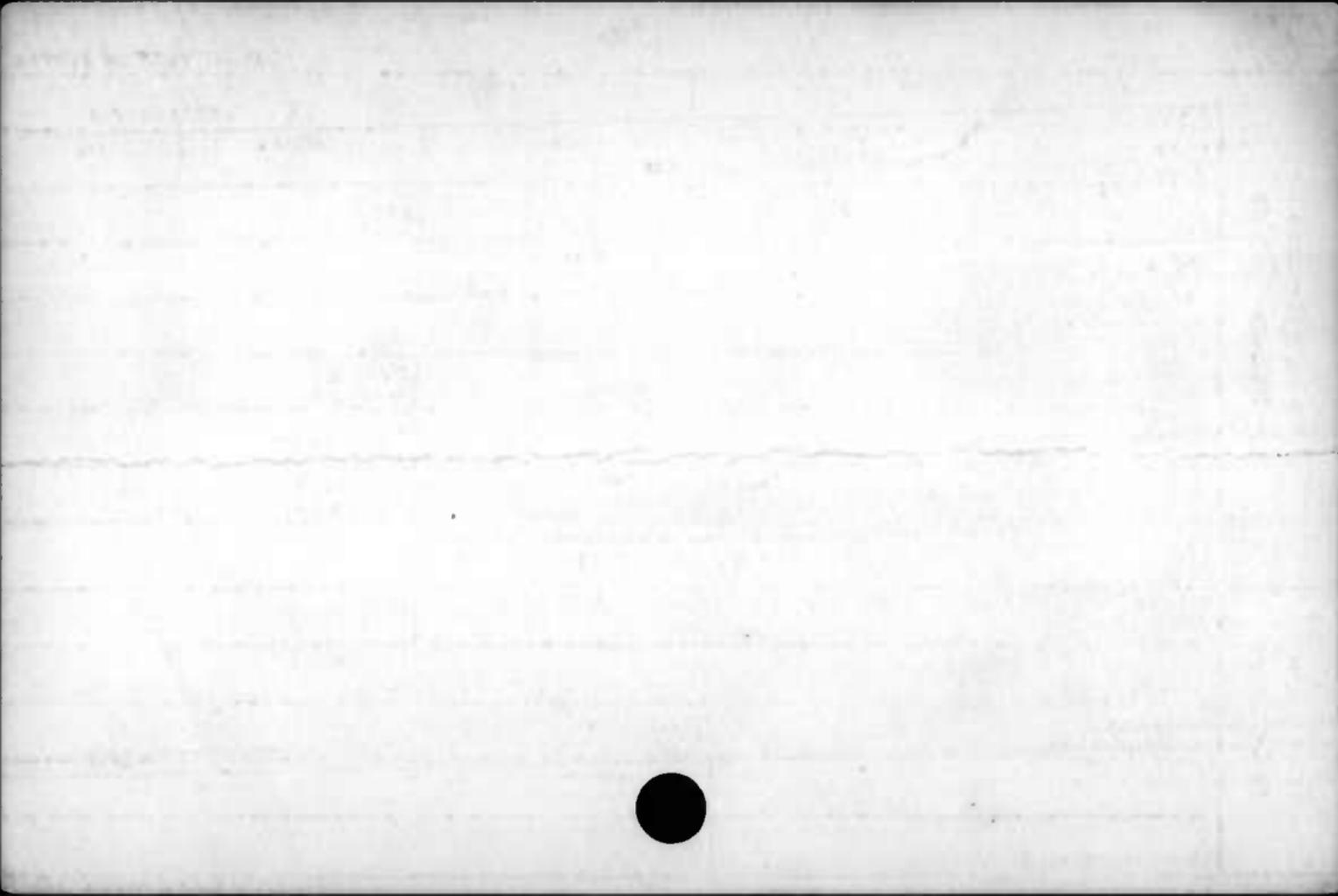
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Brunswick	Frederick				
Date of death	1903	Month 11	Day 18	Years 29	5	Months	12 Days
Sex	Female	Color or Race	White	Occupation	housewife		
Married, Single or Widowed	Married		Charles B. Gosnell				
Name of Wife or Husband							
Father's Name	Arthur Clay				Md		
Mother's Maiden Name	Susan P. Hess				Md		
Name of person giving Information	Will Clay				Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lymphoid Tumor		How long
Immediate	" "		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	AG Horine
		Address	Bruswick Md
Accident or Suicide?			



Name
in
Full

Jacob Grabill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Nov	Day 29	Age 79.	Years	Months	Days	
Sex Male	Color or Race White	Occupation Widower		Birth- place Belleville			
Married, Single or Widowed	Name of Wife or Husband		Father's Name		Father's Birthplace		
	+		+		109		
Mother's Maiden Name	+		+		Mother's Birthplace		
Name of person giving Information	+		+		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemorrhage from bowels

How long

24 hours

11

Immediate

Exhaustion

How long

24 hours

13

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. S. Maynard

Address

17 Second St. W.
Frederick Md

Accident or Suicide?

Burial at Walkerville

" Nov 28

A T Rice & Sons

Name
in
Full

John W. Raugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Walkersville	County Frederick	MARYLAND	
Date of death 190	63 11 Month November	28 Day 27	Years 50	Months Days
Sex Male	Color or Race White	Birth- place County		
Married, Single or Widowed Married	Occupation Farmer (Farmer)			
Name of Wife or Husband				
Father's Name Samuel Gray	63.	Father's Birthplace Co		
Mother's Maiden Name Mrs. Leonie		Mother's Birthplace Co		
Name of person giving Information Dr. C. Goldsborough	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Suicide (Suicide)	

Immediate	How long
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Are the name, age, sex, color, date
and place correctly given above?

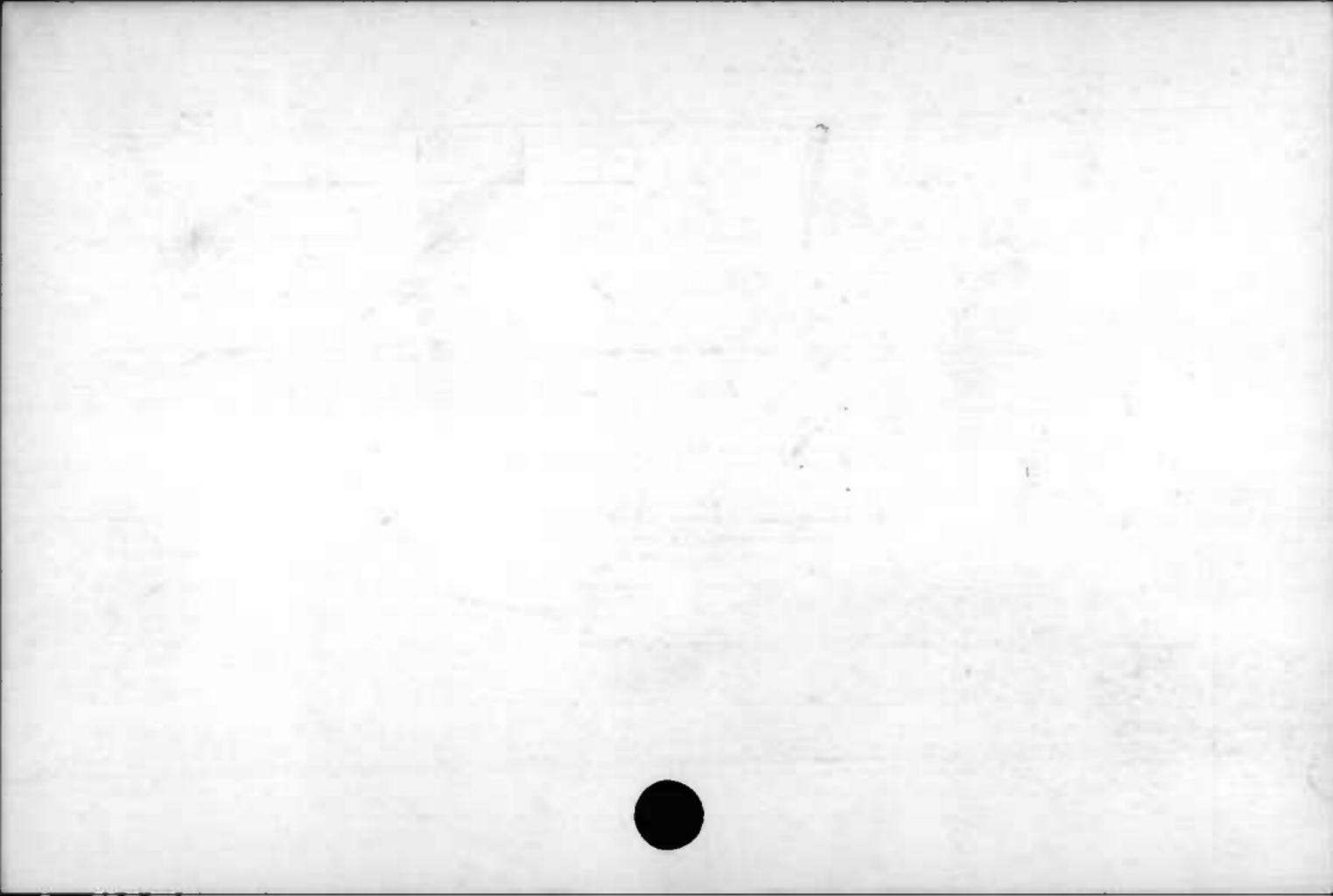
Yes

Signature of
Physician

Address

Chas Goldsborough
Walkersville
Md.

Accident or Suicide?



Name
in
Full

Sarah E Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903		Month 11	Day 30	Years Age 63	Months 3	Days 4
Sex Female		Color or Race White	Occupation Housewife		Birth- place Penns	
Married, Single or Widowed						
Name of Wife or Husband W A Hahn						
Father's Name Eicker						Father's Birthplace
Mother's Maiden Name "						Mother's Birthplace
Name of person giving Information Howard Hahn						How related to deceased Son

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Incipient Tuberculosis	How long 5 years.
Immediate Tuberculosis	How long 2 yrs.

Are the name, age, sex, color, date
and place correctly given above?

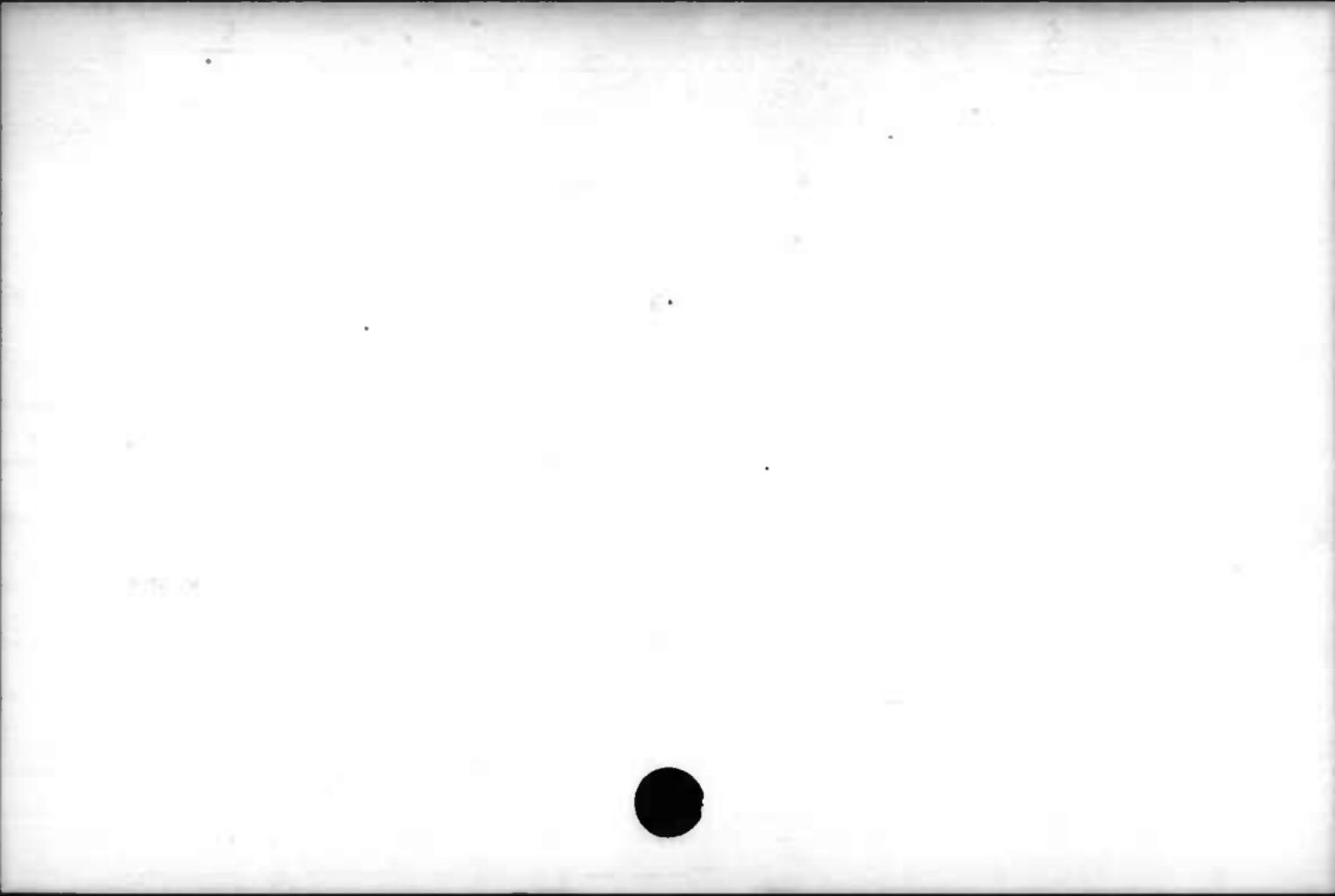
yes

Signature of
Physician

Address

Morris A Baily
Thurmont
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		Town		County		MARYLAND	
Date of death 1903	Month Nov	Day 20	Years 76-	Months 5-	Deys		
Sex Male	Color or Race White	Occupation Lumber Dealer					
Married, <u>Single</u> or <u>Widowed</u>							
Name of Wife or Husband	<u>Sarah J. McClellan</u>						
Father's Name	<u>John Hardt</u>				Father's Birthplace	<u>Philadelphia Pa</u>	
Mother's Maiden Name	<u>Catharine Engelsbrecht</u>		15		Mother's Birthplace	<u>Frederick</u>	
Name of person giving information	<u>C. L. Daily</u>				How related to deceased	<u>Nephew</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dility-

How long

4 weeks

Immediate

Exhaustion

How long

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

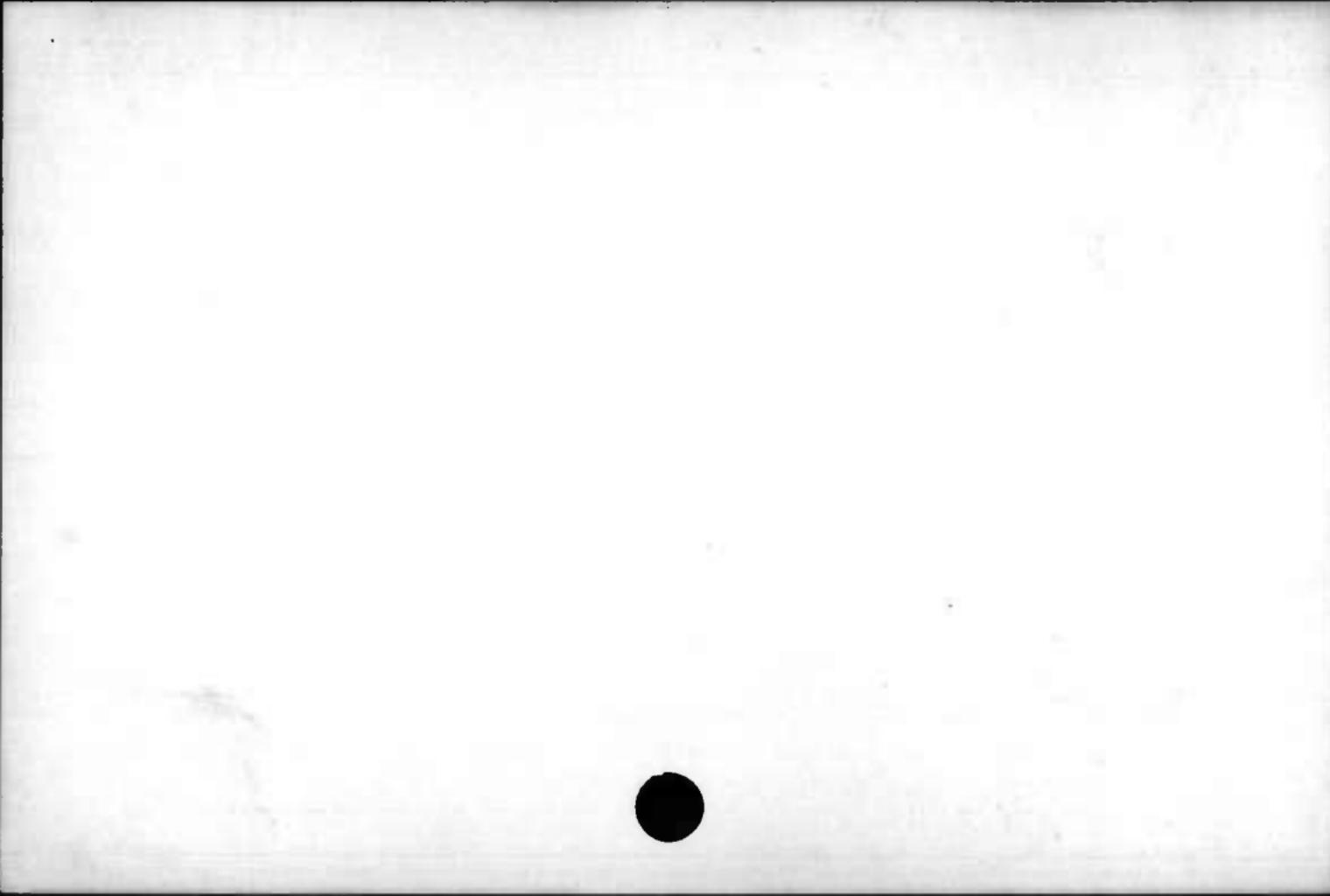
W. G. M. Gaines

Address

Frederick

MD

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jufout.

Boys

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death 1903

Month
Nov

Day
22

Years

Months

Days

Age

Sex

Male

Color or
Race

White

Birth-
place

Pearl

Married, Single
or Widowed

X

Occupation

Name of Wife or
Husband

X

Father's
Name

Wm Harris

Father's
Birthplace

Mother's
Maiden Name

Cearie Haussar

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Insanity

How long

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes-

Signature of
Physician

Address

Dr. McLeamy
Frederick.

Accident or Suicide?

PHYSICIAN
OR CORONER

Name
in
Full

Wilhelmus J. Hensperger

CERTIFICATE OF DEATH

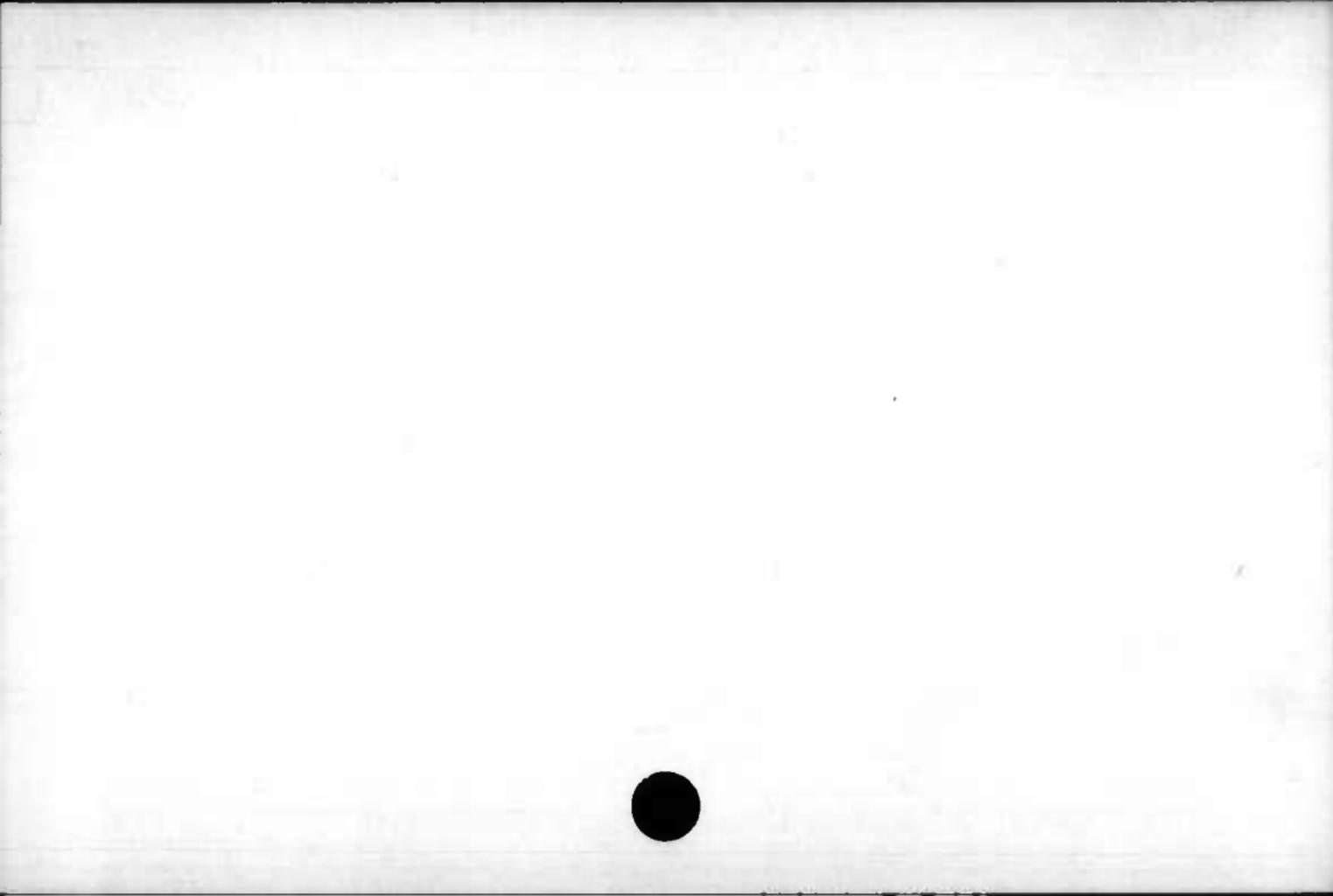
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Pedrick City	Pedrick			
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Pedrick-	
Married, Single or Widowed	Married		Occupation	Retired		
Name of Wife or Husband	Mrs. Helen School Hensperger					
Father's Name	Henry Hensperger		Father's Birthplace	Leo		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Wife		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe -	How long
Immediate	Adynamia -	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes -		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Mrs. Frances A. Hoke

Town Emmitsburg County Frederick MARYLAND

Died at

Date 19 03 November 55

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8Husband of Peter Hoke

Wife

Father's Name Joseph RoweMother's Maiden Name Suzanna Baker

Cause of

Primary

How long sick
15 minutes

Death

Immediate

Paralyses of Lung

Accident, Suicide, Homicide

Reported by

W. Richelberger M.D.

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry J. Huff

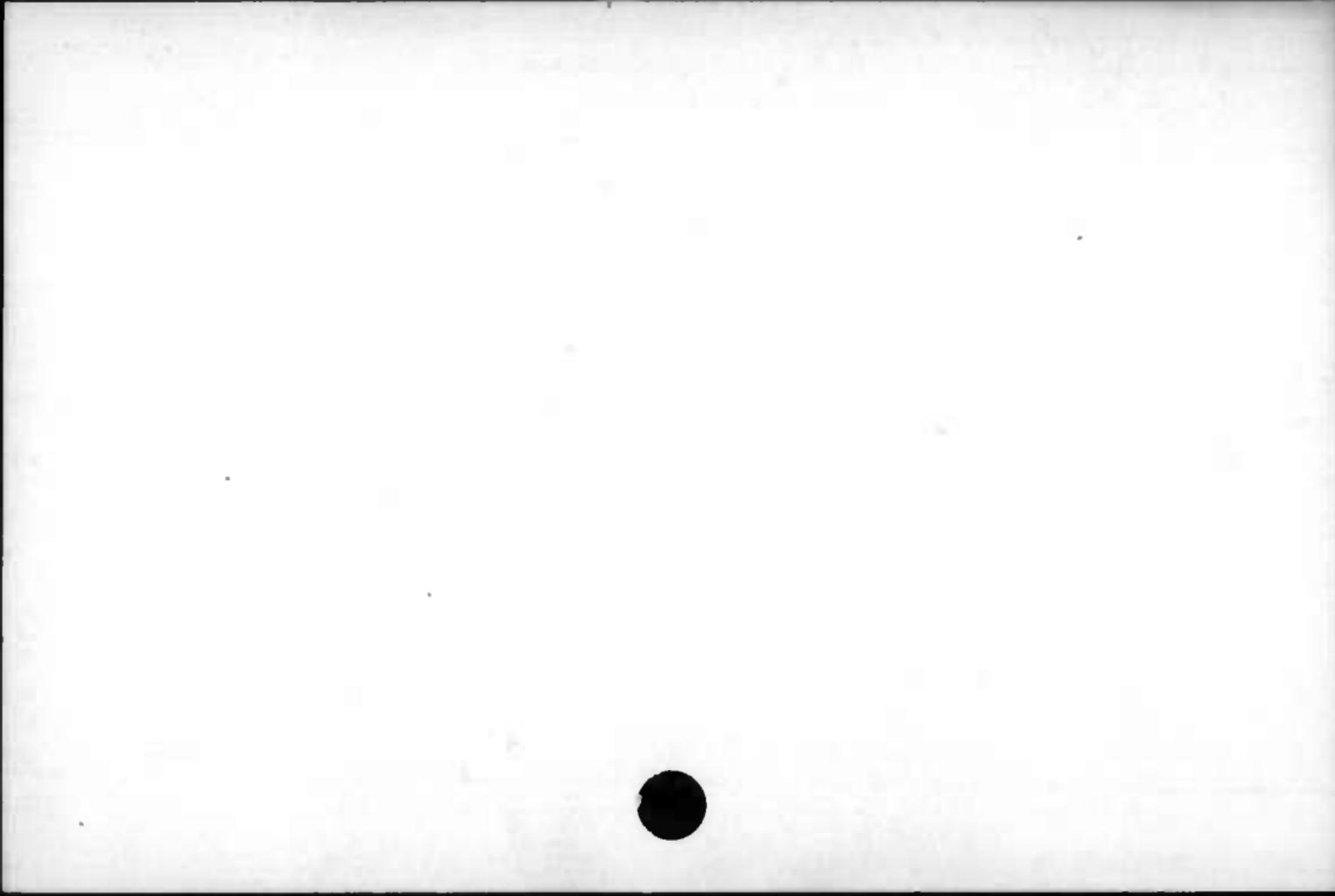
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town		County <u>Maryland</u>		MARYLAND	
Date of death 1908	Month <u>Nov.</u>	Day <u>9th</u>	Years <u>28</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Gilbertown Pa.</u>			
Married, Single or Widowed	Occupation <u>stoker Mr. Ford.</u>				
Name of Wife or Husband	104				
Father's Name	Fether's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Acute Alcoholism</u>	How long <u>3 weeks</u>
	Immediate <u>strangulation of glottis & heart</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>S. S. Haegard</u>
		Address <u>17 Fremont St. W.</u>
Accident or Suicide?		



Name
in
Full

Luther Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Frederick		County "		MARYLAND	
Date of death	Month 11	Day 28	Age 39	Years " 9	Months 1	Days 17
Sex	Male	Color or Race	Black		Birth- place	Md
Occupation	Labour			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Spouse	Florence Walker			
Father's Name	John H. Jones			Father's Birthplace	Md	
Mother's Maiden Name	Sarah Jones			Mother's Birthplace	Md	
Name of person giving Information	Brother			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion		How long	24 hours
Immediate	Meningitis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	L. F. Goodloe MD
			Address	Frederick Md
Accident or Suicide?				

PHASICIAN

OR CODICIEL

TO BE ANSWERED IN

55000

Name of person killed
Name of person killed

Name
Name

Name
Name

Name
Name

Name
Name

Name
Name

70

70

70

70

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70

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70

70

70

CAUSES OF DEATH

How long

How long

24 hours
24 hours
24 hours
24 hours

24 hours

Age of deceased
Age of deceased
Age of deceased
Age of deceased

Age of deceased
Age of deceased
Age of deceased
Age of deceased

Age of deceased
Age of deceased
Age of deceased
Age of deceased

Age of deceased
Age of deceased
Age of deceased
Age of deceased

Margaret Kindricks

Died at ^{Town} Yellow Springs ^{County} Frederick ^{Maryland}
 Date 19⁰3 20 Nov Month Nov Day 20 Age 74 M. D. Native of Frederick Occupation Housewife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living None

Husband of Basil Kindricks
 Wife don't know Mother's Maiden Name
 Father's Name

Cause of Death Primary Pneumonia

Death Immediate Paralysis

Reported by C J Smith

Address Charlesville

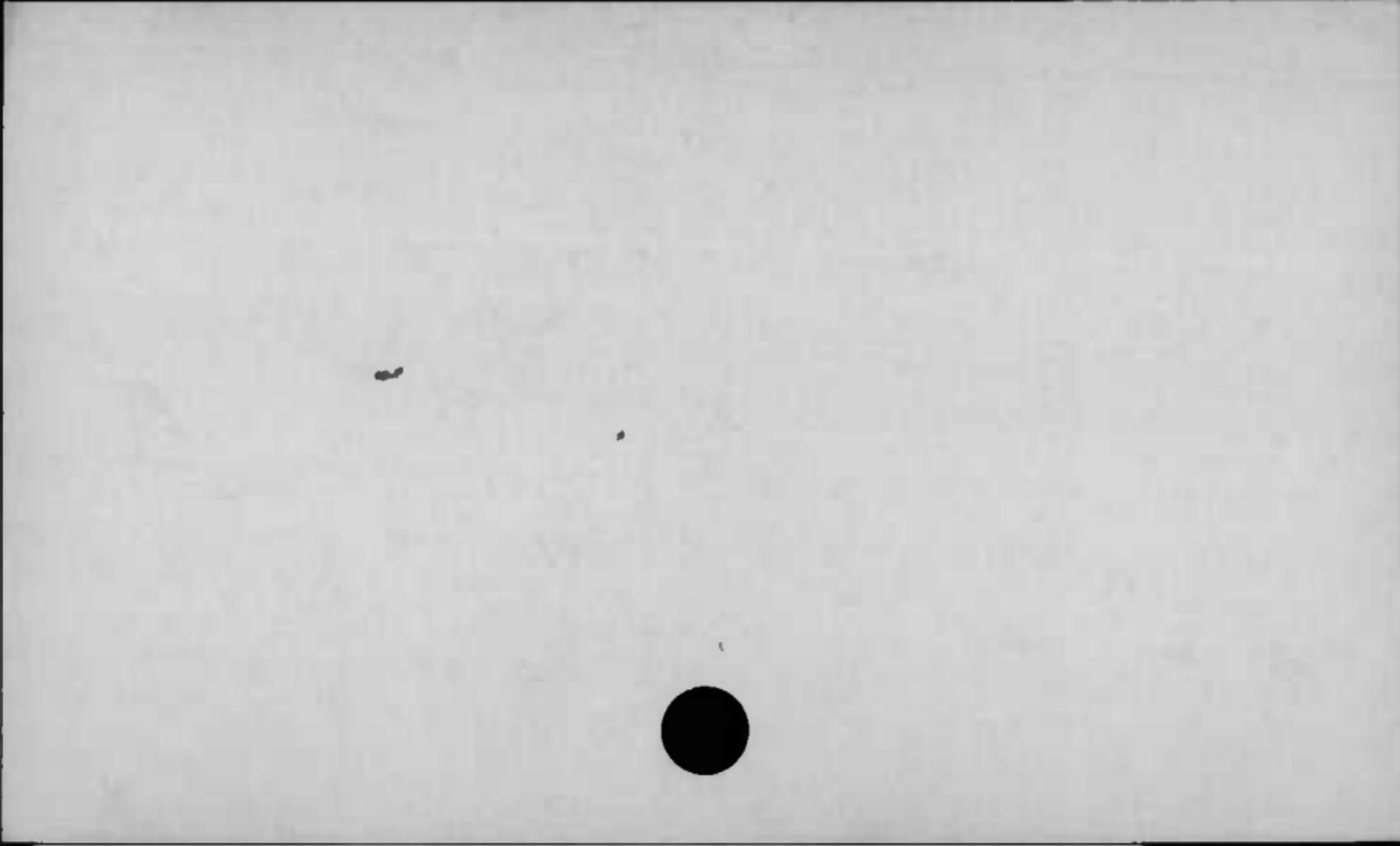
93

How long sick

Accident, Suicide, Homicide

undertaken
Mol

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Eliza Kolb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County <u>Fairfax</u>		MARYLAND	
Date of death 1903	Month <u>Nov</u>	Day <u>5-6</u>	Age <u>80</u>	Years <u>80</u>	Months <u>2</u>	Days <u>~</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Housewife</u>				
Married, Single or Widowed <u>Married</u>	Name of wife or Husband <u>John W. Kolb</u>		Father's Birthplace			
Father's Name			Mother's Birthplace			
Mother's Maiden Name <u>Eliza Whiteside</u>			How related to deceased			
Name of person giving information			6x			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Alimentary How long 2 days

Immediate Convalescence How long 2 days

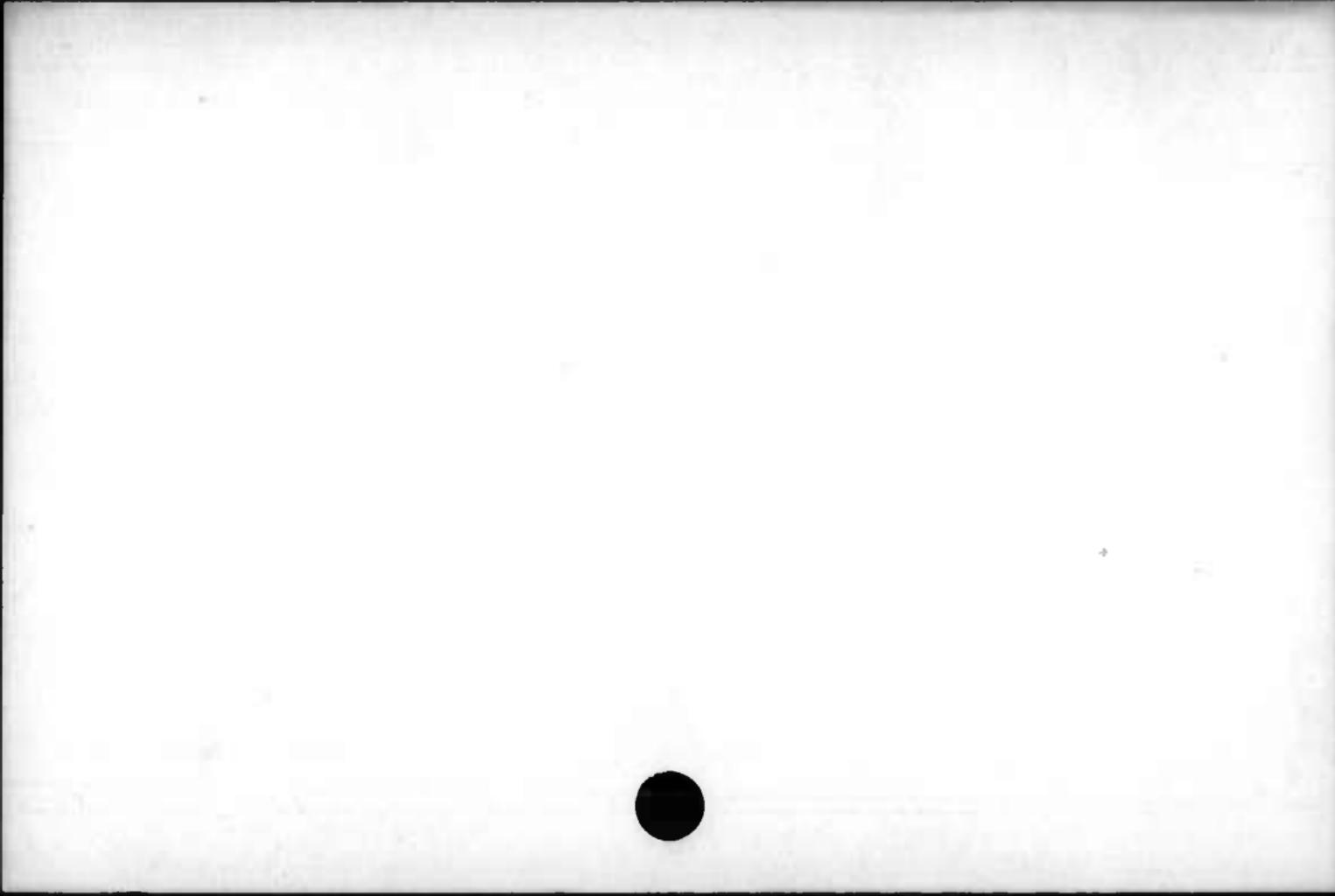
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Haynard
17 Second & W. St.

Accident or Suicide?



Name
in
Full

Russel I. Koogle
Middletown

CERTIFICATE OF DEATH

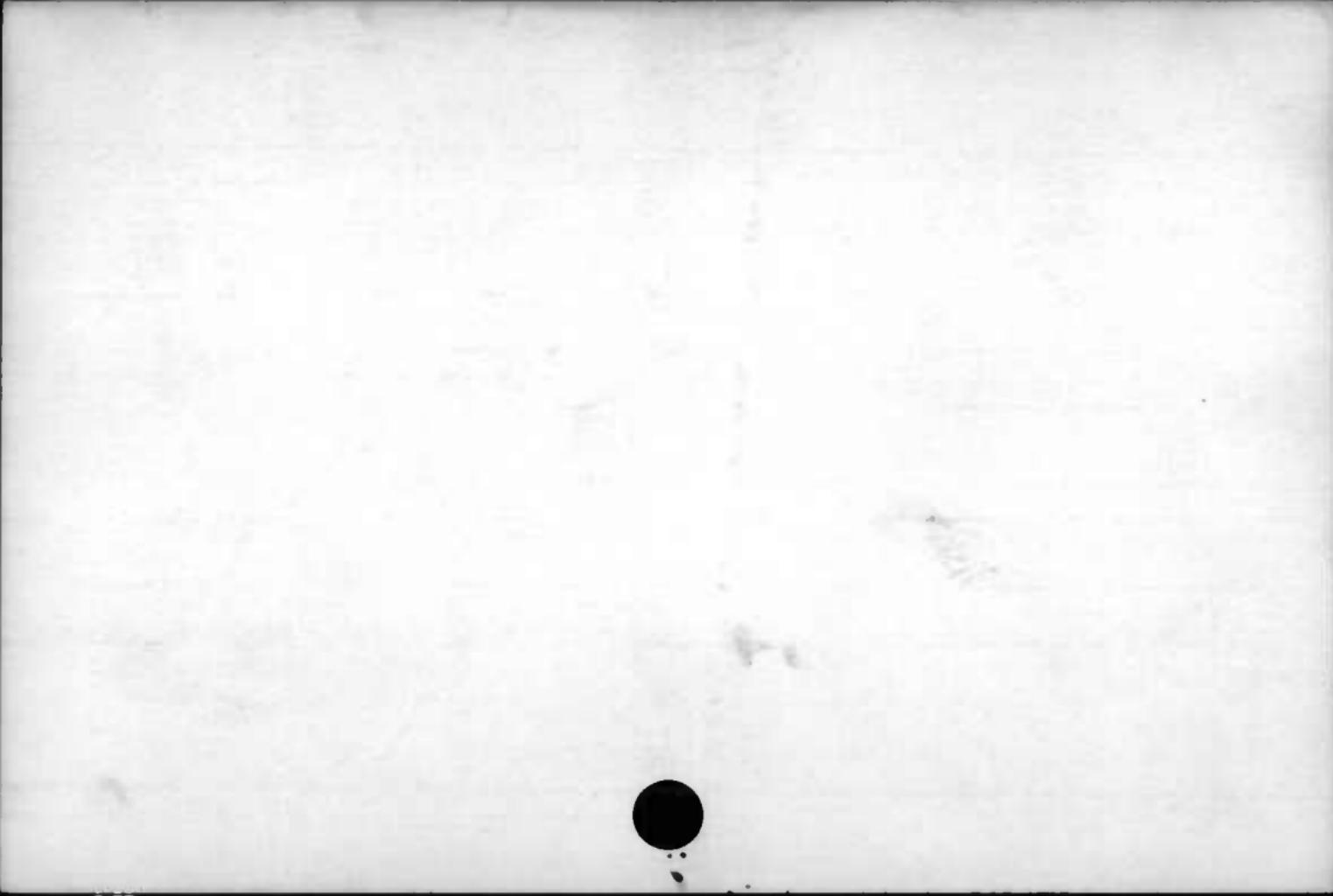
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 Nov	14	Age	23	2	15-
Sex	Male	Color or Race	white	Birth- place	Ind
Married, Single or Widowed	Single	Occupation	storekeeper		
Name of Wife or Husband					
Father's Name	Charles W Koogle				
Mother's Maiden Name	Meharlote Main				
Name of person giving Information	Sister Alice				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteric Fever	How long	4 weeks
Immediate	Paroxysmal Peritonitis	How long	3-5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H P Fahmy
		Address	Frederick Md
Accident or Suicide?			



Cephas E. Lakin

Town

County

Died at

Landen

Frederick

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

11 29

Age 58, 5, 18

Maryland

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

10

Cause of

Primary

La Grippe

How long sick

Two Weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. H. Bolter Gross

Address

Jefferson Fred. C. And

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emory F. Lease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Frederick <small>Town</small>		Frederick <small>County</small>		MARYLAND	
Date of death 190	3	Month Nov.	Day 28	Years 8	Months 7	Days 16
Sex	Male	Color or Race	White	Birth- place		
Married, Single or Widowed	Single		Occupation	—		
Name of Wife or Husband	—					
Father's Name	Millard F. Lease			Father's Birthplace	Md.	
Mother's Maiden Name	Emmie G. Daumer			Mother's Birthplace	Md.	
Name of person giving Information	M. F. Lease			How related to deceased	Father	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Diphtheria

How long

10 days

Immediate

Cardiac Arrest & Convulsions

How long

18 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

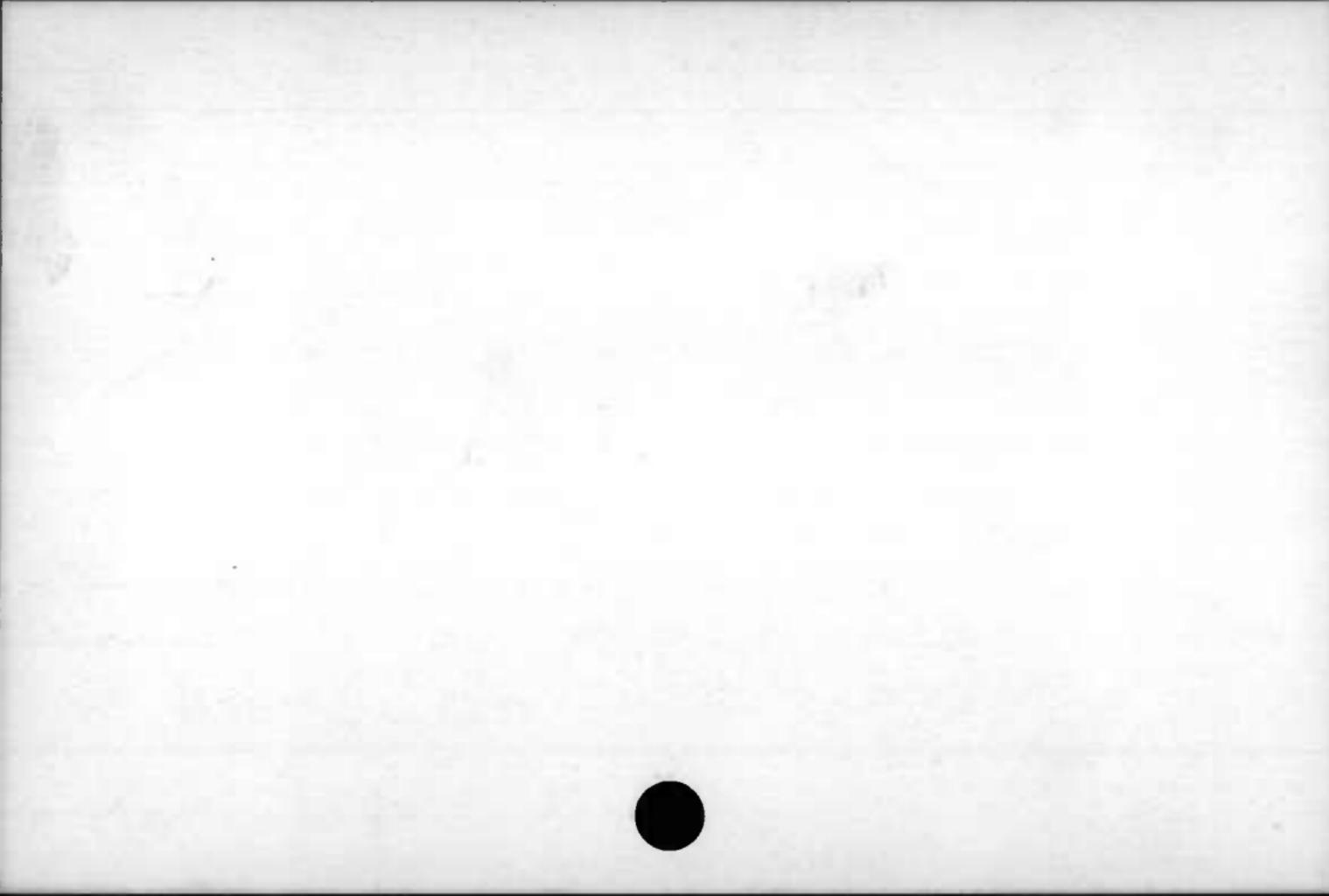
Signature of
Physician

Address

S. M. Haffner, M.D.

Frederick, Md.

Accident or Suicide?



Name
in
Full

Rosa Lynn

CERTIFICATE OF DEATH

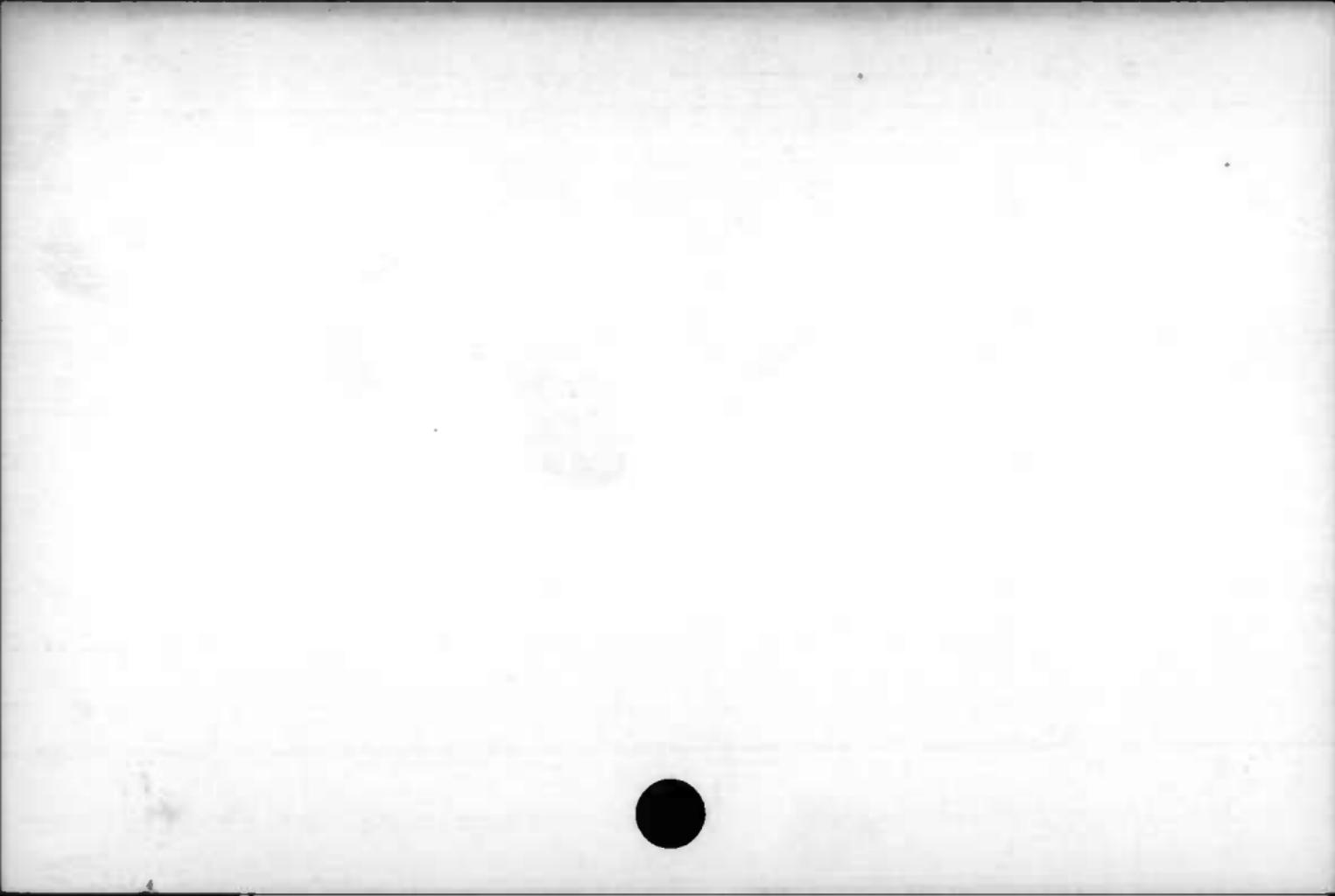
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Montevue Hospital		Frederick				
Date of death	1903	Month Nov	Day 22	Years	Months 5	Days 4
Sex	Female	Color or Race	Colored	Birth-place	Montevue	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband	Elizabeth Lynn					
Father's Name	X				Father's Birthplace	
Mother's Maiden Name	X				Mother's Birthplace	
Name of person giving Information	Y				179	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 mos
Immediate	Diarrhoea	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. S. Haywood
		Address	17 W. Grand St Montgomery Md
Are there any marks of violence or suicide?			



Name
in
Full

Lewis N. Main

CERTIFICATE OF DEATH

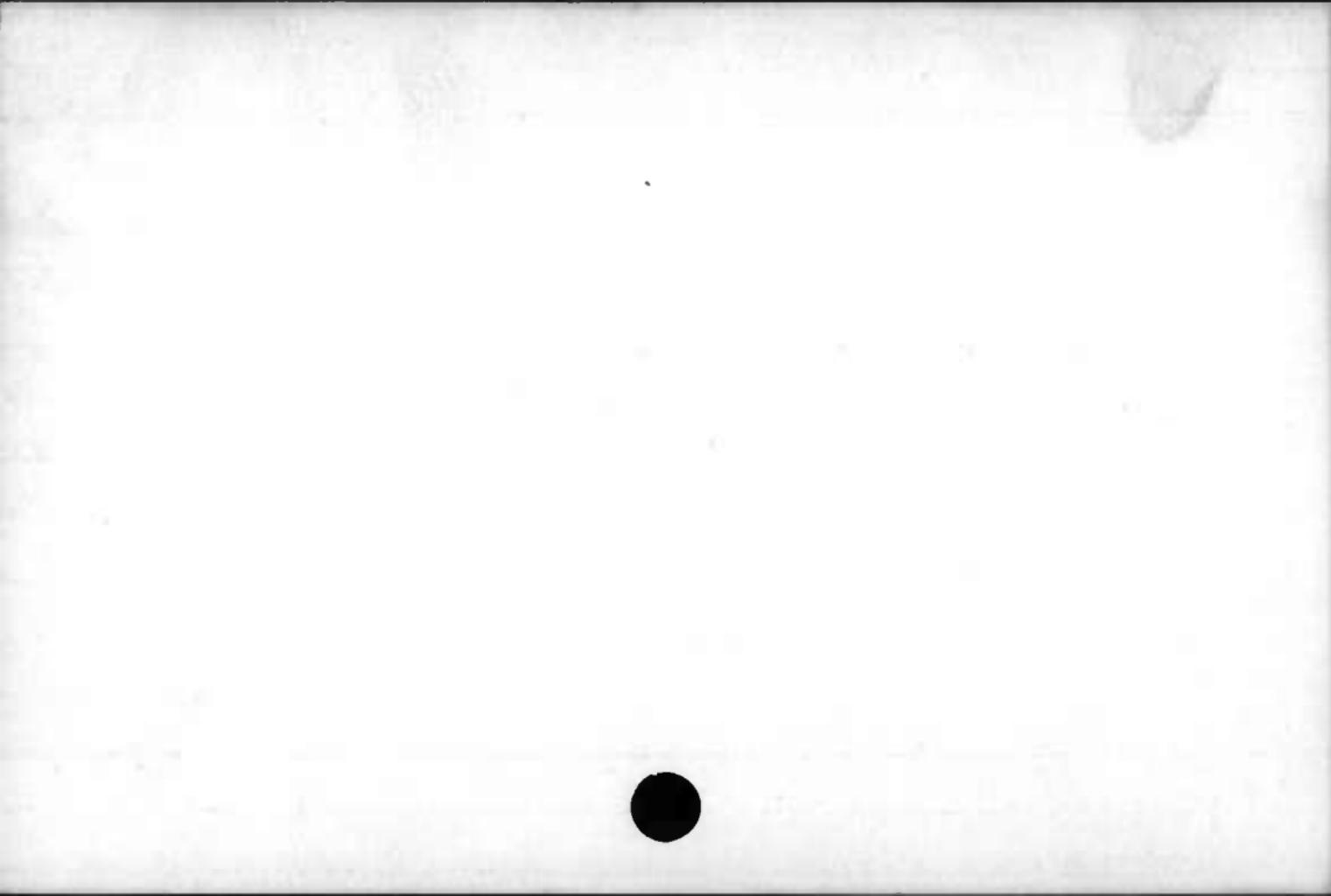
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Fredericksburg		Fredericksburg		MARYLAND		
Date of death 1903	Month Nov	Day 29	Age 71	Years	Months 14	Days 1	
Sex Male	Color or Race White		Birth-place Fredericksburg Co Md.				
Married, Single or Widowed Widower	Occupation Carpenter						
Name of Wife or Husband Eleanor. Thomas. deceased							
Father's Name William Main	Father's Birthplace						
Mother's Maiden Name Susanna Hildebrand	Mother's Birthplace						
Name of person giving information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of Death		How long
	Barrel of Hawk Tailor, Belmont		Several yrs
Immediate	Bellevue Hospital		How long 2 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. S. Hugnard.
		Address	[Redacted]
Accident or Suicide?			



Marsh

Town *Frederick* County *"* MARYLAND

Died at

Date *1993*Month *11* Day *14*Y. *—* M. *—* D. *13*Native of *MD*Occupation *—*

Male

White

Widow

Female

Colored

Divorced

Widower

Number of children living *—*

Husband

X

Wife

Father's

Name

*A. Penn Marsh*Mother's
Name *Mather Walling*

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Insuffocation

Accident, Suicide, Homicide

Reported by

Coroner. MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna Mary Mathews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

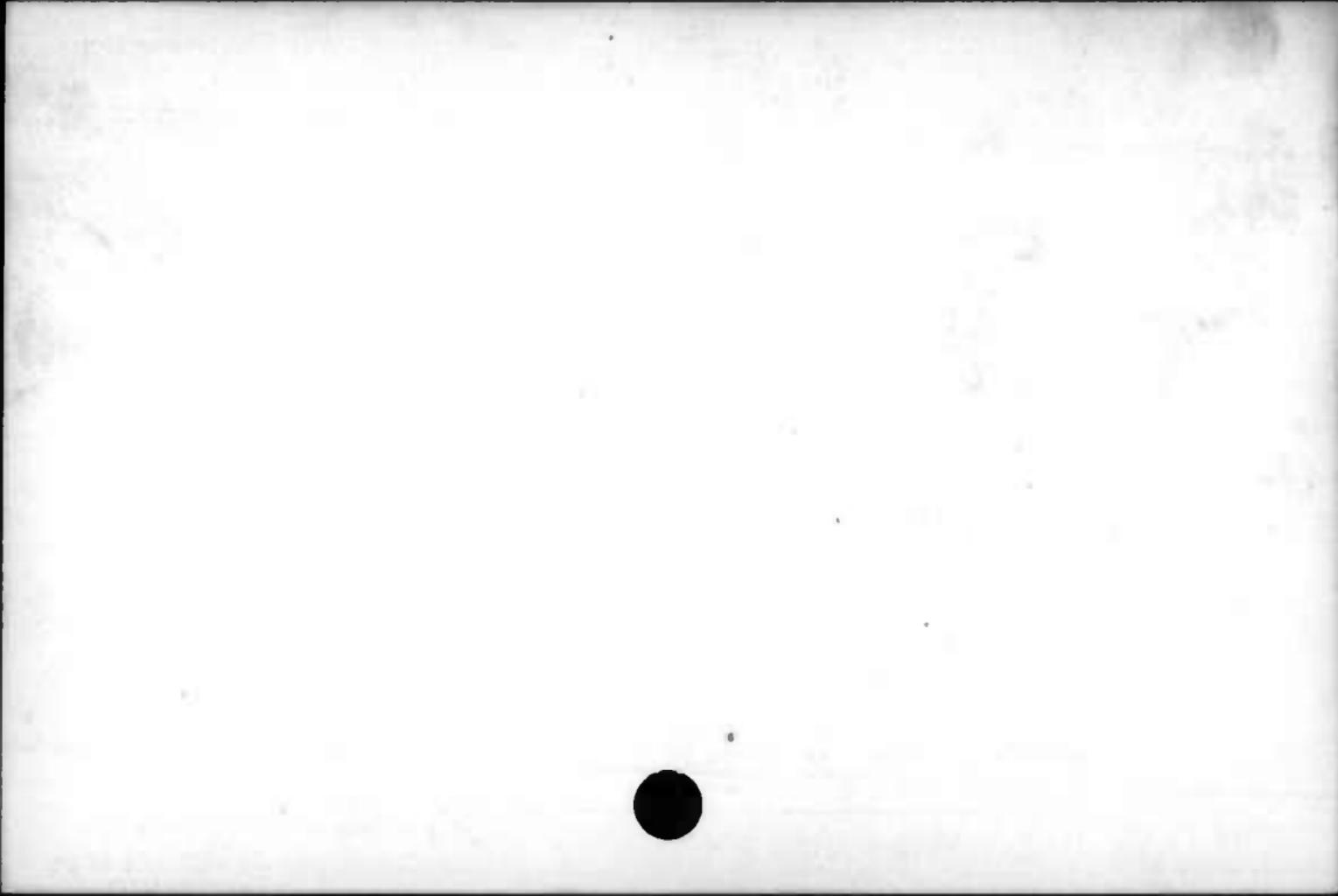
Died at	Town	Frederick	County	MARYLAND		
Date of death 190	Month	11	Day	27	Years	14
Age	9	Months	4	Days	4	
Sex	Female	Color or Race	Black	Birth-place	3rd	
Married, Single or Widowed	X Single		Occupation	School girl		
Name of Wife or Husband	X X X					
Father's Name	Charles Mathews			Father's Birthplace	3rd	
Mother's Maiden Name	Mary Thomas		27	Mother's Birthplace	" "	
Name of person giving information	Charles Mathews			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption.	How long	3 months.
Immediate	Exhaustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Nelson A. Long
		Address	37 E Patrick St. Frederick Md.

Accident or Suicide?



Name
in
Full

Mary Ann Miller.

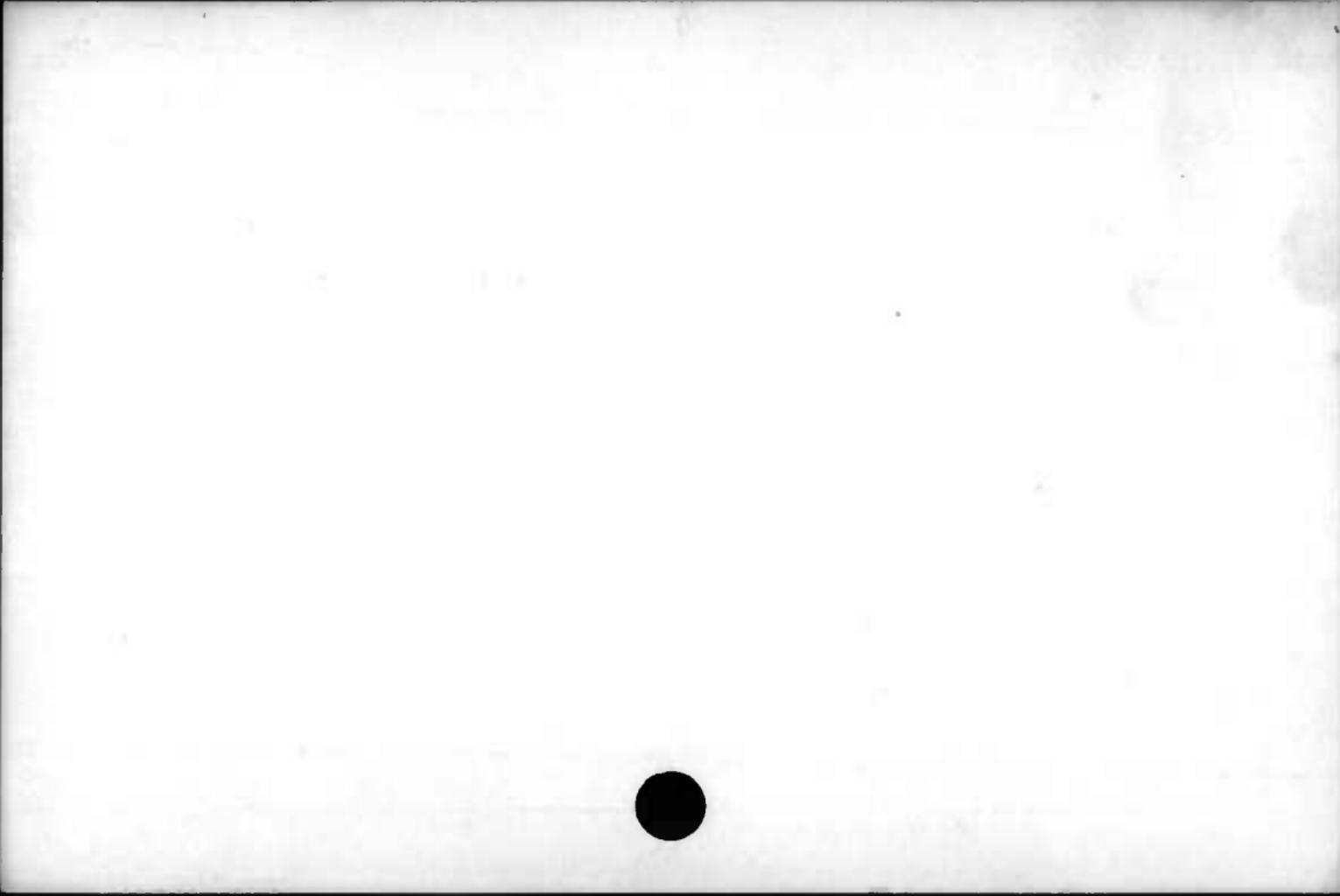
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Nov	Day 23	Age 83	Years	Months	Days 23
Sex Female	Color or Race White		Birth-place Frederick, Md.			
Married, Single or Widowed	Married		Occupation Blind.			
Name of Wife or Husband	George Miller.					
Father's Name	Peter Brann.					
Mother's Maiden Name	Margaret Kris.					
Name of person giving Information	Mrs. L. Miller					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Bronchitis	How long	20 yrs.
	Immediate	Pulmonary Oedema	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. S. Maynard
			Address	17 Grand St. W. Frederick, Md.
Accident or Suicide?				



Name
in
Full

M. S. Morse.

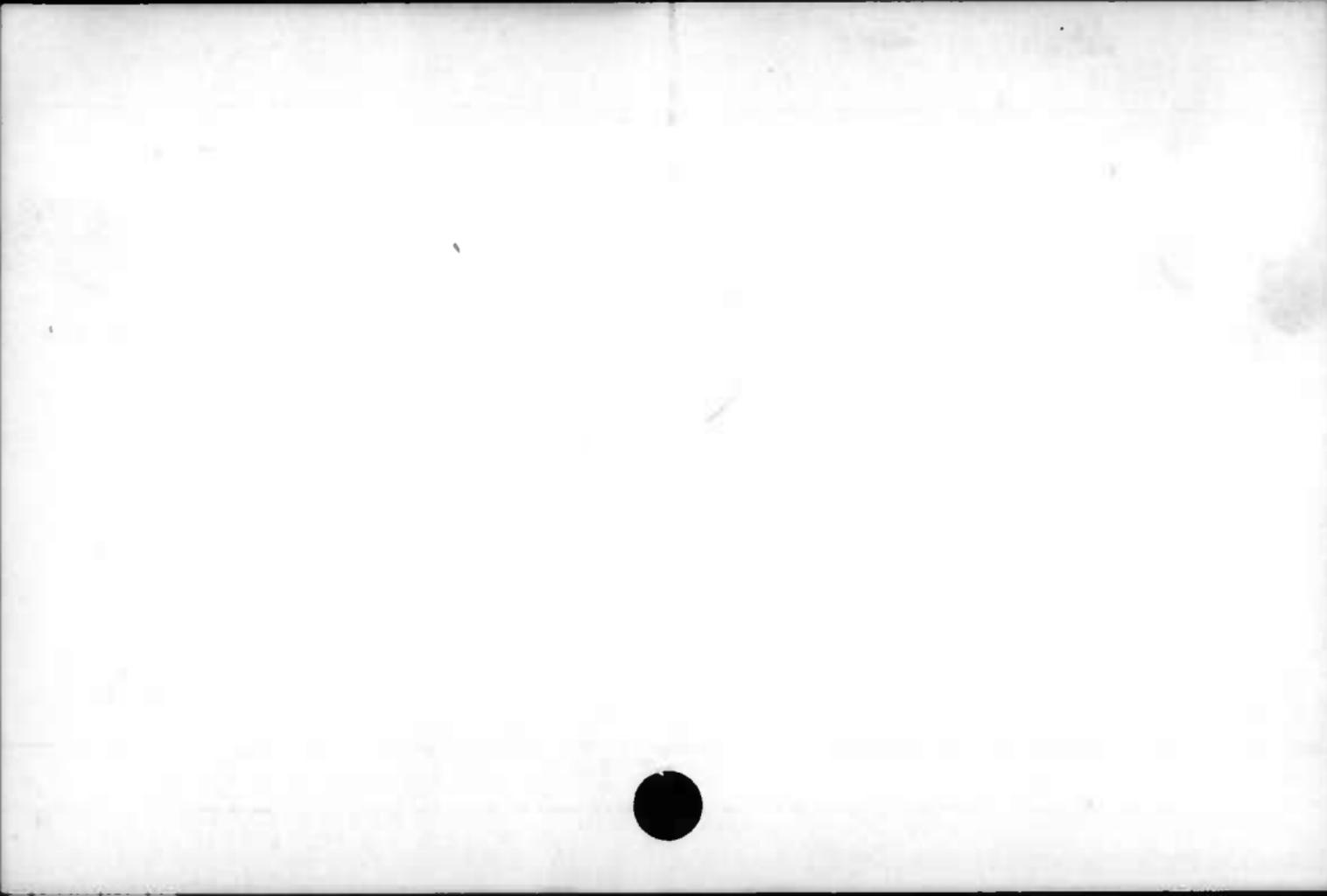
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 11	Day 5	Age 80	Years	Months 0	Days 7
Sex Male	Color or Race white	Occupation Merchant				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Under-taker		112			How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver	How long	2 mos
	Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Franklin Buchanan Smith	
		Address	City	
Accident or Suicide?				



Name
in
Full

Infants of A. Palm

CERTIFICATE OF DEATH

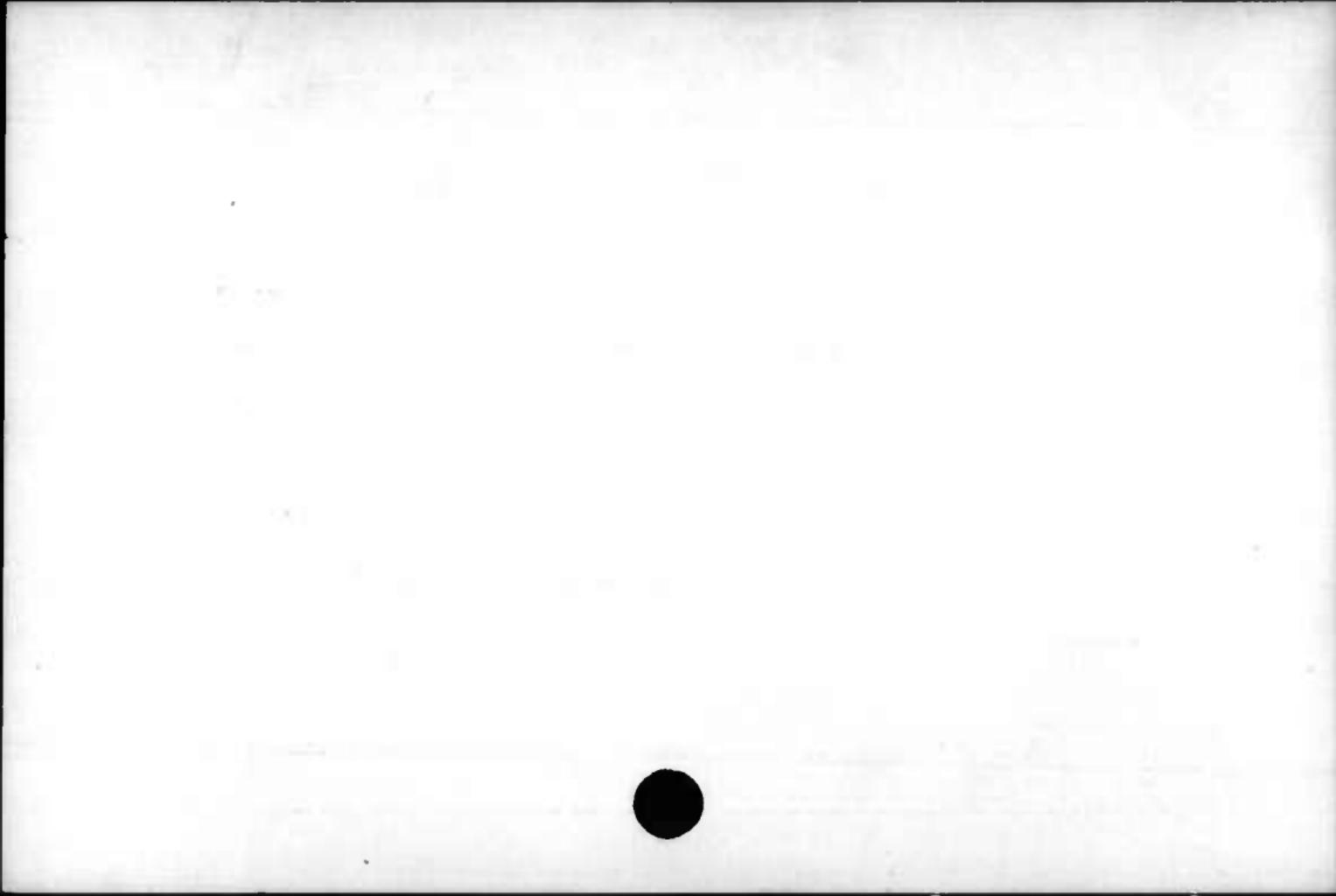
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Frederick		Frederick			
Date of death 1903	Month 11	Day 20	Years	Months	Days
Sex Male	Color Black	Birth-place Frederick			
Married, Single or Widowed	X	Occupation	X		
Name of Wife or Husband	X	X	X		
Father's Name	A. Palm	S.	Father's Birthplace	Md	
Mother's Maiden Name	Mary Brown		Mother's Birthplace	111	
Name of person giving information	A. Palm		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chitons	How long	X
Immediate	X	How long	X
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Lang M.D.
		Address	77 E. Baltimore St. Baltimore Md
Accident or Suicide?		LIBRARY BUREAU ASSOC.	



Still-born Baby

Town

Frederick

County

Frederick

MARYLAND

Died at

Date 1903

Month

Day

Nov. 18

Y. M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Scott Ragan

Mother's

Maiden Name

Caroline Basan

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. O. Handorf, M.D.
Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm J. Seers

Town

County

Died at

1903
Date 19

Month

Day

Y.

M.

D.

Native of

MARYLAND

Della

Prest

White

Age

87.8

Widow

Occupation

Male

Married

Divorced

farmer

Female

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Rochel A Seers

Mother's

Wm Thos Seers

Maiden Name

Cause of

Primary

Paralysis

How long sick

Death

Immediate

8 month

Reported by

Geo W Peeler

Undertaker

Address

Dirk - 22

RFD Route #22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Franklin Buchanan Smith Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month Nov	Day 15	Age 22	Years	Months 2	Days 18	
Sex Male	Color or Race white		Birth-place Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband			78				
Father's Name	Franklin Buchanan Smith		Father's Birthplace		Md		
Mother's Maiden Name	Charlotte Patterson Dennis		Mother's Birthplace		Md		
Name of person giving information	Dr F. B. Smith		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulcerative colitis		How long	two months
Immediate	Pulmonary edema		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. F. B. Smith	
Address	Consulting Physician Fredk Md			
Accident or Suicide?				



William H. Stauff

Town

County

Died at

Greagertown

Frederick

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Male

White

Married

Age 56-2-13

Md

Occupation

Female

Colored

Single

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

Susan S. Stauff

Mother's

Cause of

Primary

Complicated with

How long sick

Death

Immediate

Chronic Bright's Mitral insufficiency

About 3 years

Causing a general Anæsthesia

Accident, Suicide, Homicide

Reported by

C. A. Stultz M.D.

Address

Woodboro

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Philip W. Summers

Town

County

MARYLAND

Died at

near Braddock

Frederick

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Nov.

27

Age

53-9-27

Frederick Co., Md.

Farmer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

9

Husband of

Margaret Zimmerman

Father's

Name

Mother's

Maiden Name

12

Cause of

Primary

Chronic Nephritis

How long sick

7 or 8 months

Death

Immediate

Uremic Convulsions

Accident, Suicide, Homicide

Reported by

J. O. Hendrix, M.D.,
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by a lawyer, undertaker or minister.

Interment at Middletown

" Nov 29th '44

A T Rice & Sons

Name
in
Full

Harriet Henrietta Wadd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Rocky Ridge		Town	Frederick	County	MARYLAND	
Date of death 190	3	Month Nov.	Day 23	Age 71 -	Years	Months 4.	Days 0
Sex	Female	Color or Race	White		Occupation	Housewife	
Married, Single or Widowed	Married						
Name of Wife or Husband	Solomon S. Springer						
Father's Name	Don't know		Father's Birthplace	Not known			
Mother's Maiden Name	Don't know		Mother's Birthplace	Not known			
Name of person giving information	S. S. Springer		How related to deceased	husband -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer		How long	6 years
Immediate	Exhaustion from Cancer		How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. A. Diller	
Accident or Suicide?	Neither.	Address	Double Pipe Green Maryland	

Name
in
Full

Charles Franklin Hantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birthplace		
Married, Single or Widowed	Widower		Occupation	Carpenter - (retired)		
Name of Wife or Husband	Wife deceased					
Father's Name	Wife deceased		64	Father's Birthplace		
Mother's Maiden Name	Hattie Gelwicks			Mother's Birthplace		
Name of person giving Information	James F. Hantz			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Sustantly

Gas. H. Deleah

Double wife

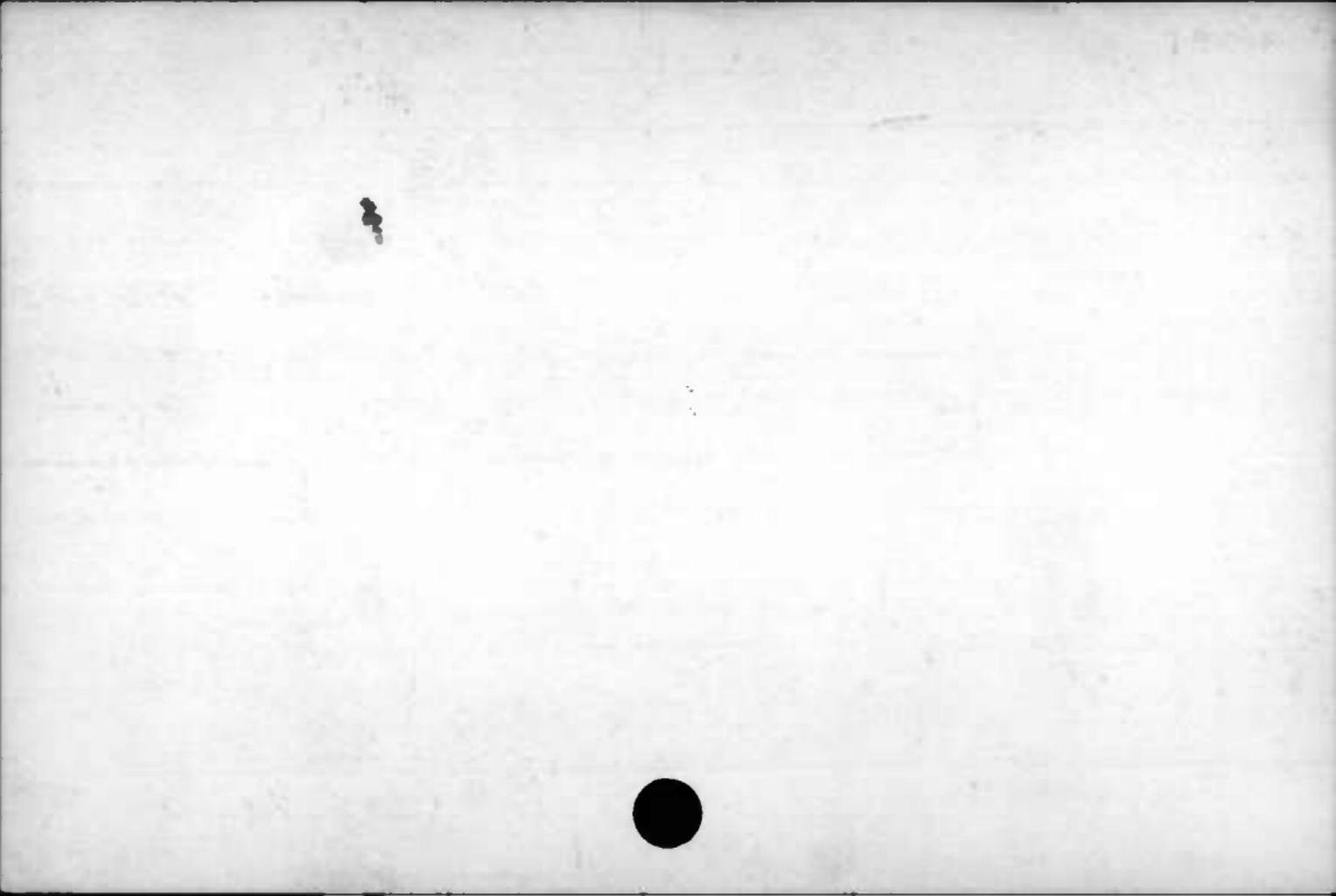
Address

Oxon.

Accident or Suicide?

Neither

Maryland



Name
in
Full

Frank J. Weaver

CERTIFICATE OF DEATH

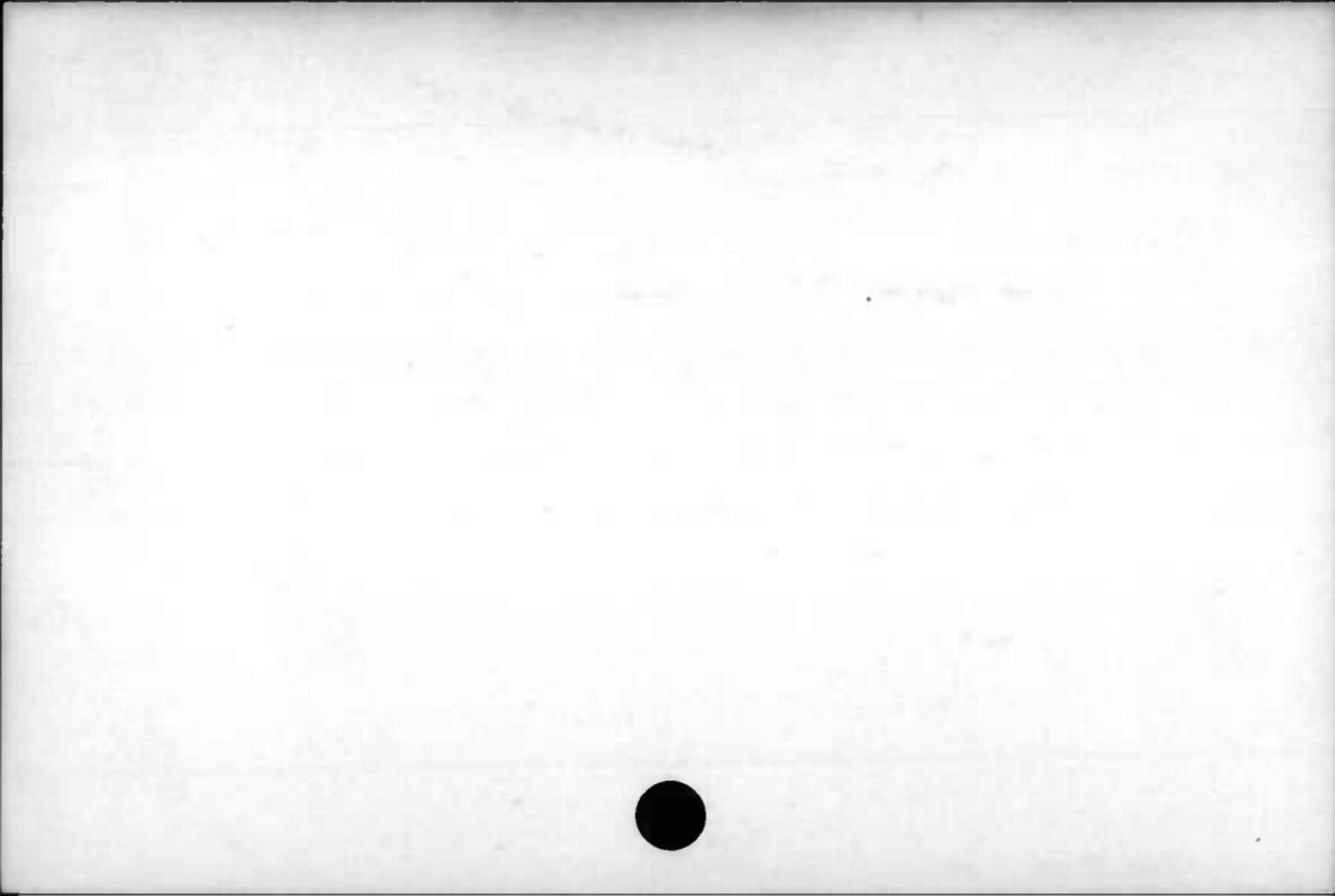
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 23	Years 12	Months 8	Days 19
Sex	Male	Color or Race	white	Birth- place	Middleton
Married, Single or Widowed	single	Occupation	school boy		
Name of Wife or Husband					
Father's Name	Charles A. Weaver	10	Father's Birthplace	Md	
Mother's Maiden Name	Sarah E. Ingram			Mother's Birthplace	Md
Name of person giving Information	C. A. Weaver			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Supurative Bronchitis	How long	Five days
Immediate	Heart failure	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Buckley
		Address	Middleton Md.
Accident or Suicide?			



Name
in
Full

Angeline Wrishaar

31,

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at ~~year and Month~~ Town ~~place~~ County ~~place~~

MARYLAND

Date of death 1903	Month 11	Day 8	Years Age 73	Months	Days 22
-----------------------	-------------	----------	-----------------	--------	------------

Sex Female	Color or Race white	Birth- place
---------------	---------------------------	-----------------

Married, Single or Widowed married	Occupation Ansewip
--	-----------------------

Name of ~~Wife or~~
~~Husband~~
Joseph Wrishaar

Father's
Name
George Reeve

Father's
Birthplace
don't know

Mother's
Maiden Name
Elisabeth Reeve

Mother's
Birthplace
.

Name of person giving
Information
Mary Spurrier

How related
to deceased
daughter

CAUSES OF DEATH

Primary Lobar Pneumonia	How long 8 days
----------------------------	--------------------

Immediate	How long
-----------	----------

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician
Howard H. Hopkins Jr. M.D.

Address
New Market, Md.

PHYSICIAN
OR CORONER

Accident or Suicide? No.

Name in Full

Certificate of Death

Hannah M. Hale

Died at Liberty soon

County Frank

MARYLAND

Date 903	Month Nov	Day 3	Age 69	M. 1	D. 27	Native of Md	Occupation Housewife
White			Married			Widow	Divorced
Female	S		S			Number of children living 5	

Husband of

Francis Hale

Father's Name James Fox

Mother Name Lydia Burkin

Cause of

Primary

Aortic Insufficiency

How long sick

2 mos

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Ojo B. Stone

Address

Liberty soon

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bulah Mares Millide

CERTIFICATE OF DEATH

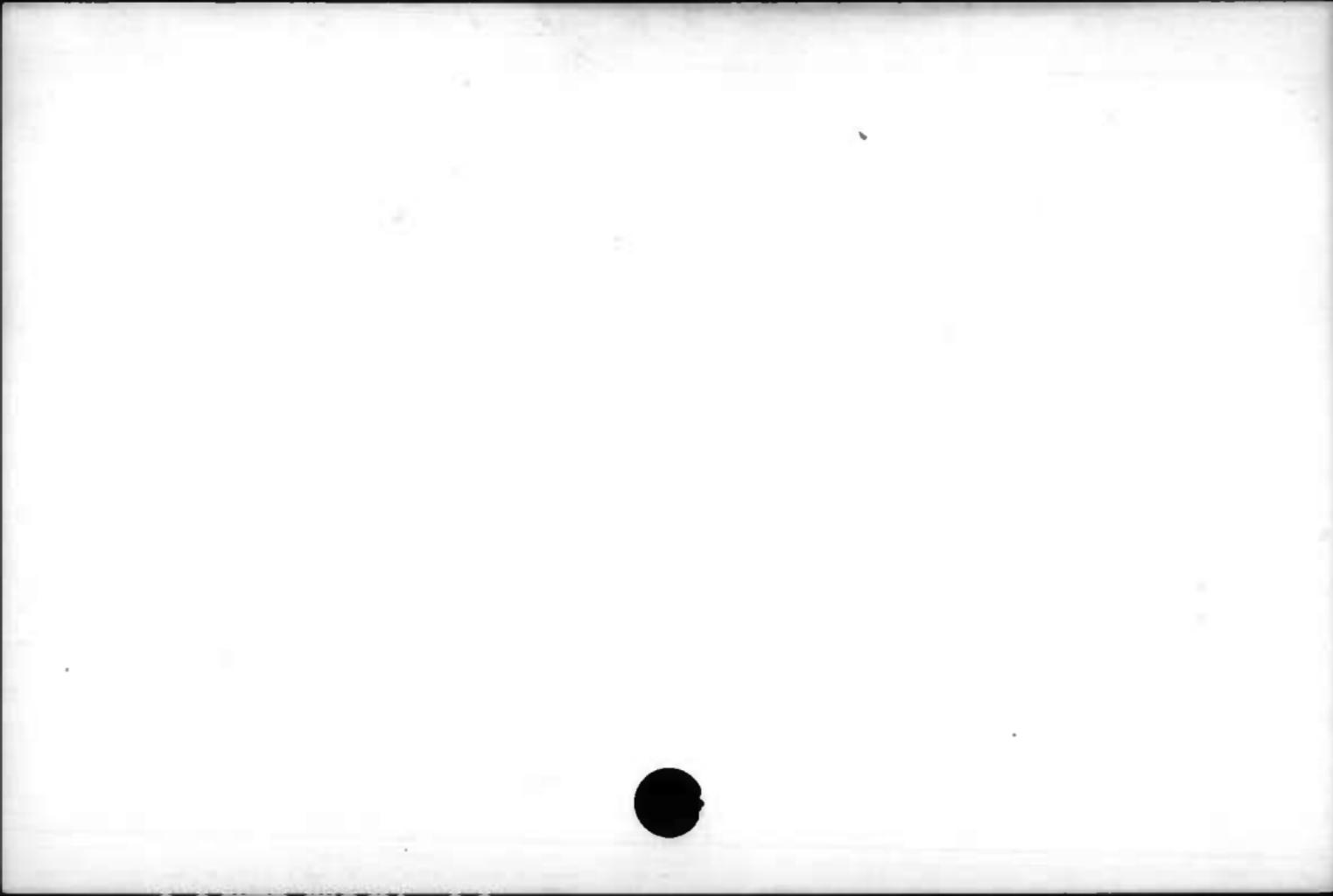
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month Nov	Day 16	Years	Months 2	Days
Sex	Female	Color or Race	white	Occupation	Birth- place	
Married, Single or Widowed	—	—			Thurmont Md.	
Name of Wife or Husband	—	—			—	
Father's Name	Joseph E Millide			15	Father's Birthplace	Conn
Mother's Maiden Name	Mathie Bader			—	Mother's Birthplace	—
Name of person giving Information	Joseph E Millide			—	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	4 weeks
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Morris A. Brieley
		Address	Thurmont
Accident or Suicide?		Md.	



Name
in
Full

George Willis

32

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Died at	New Market		Frederick			
Date of death 1903	Month 11	Day 17	Years 3	Months	Days	
Sex male	Color or Race white		Birth-place New Market, Md.			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	L. O. Willis			Father's Birthplace	New Market, Md.	
Mother's Maiden Name	Mary Newkirk			Mother's Birthplace	W. Va.	
Name of person giving information	L. O. Willis			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever		How long	1 week
	Immediate	Acute Gastritis		How long	48 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Howard H. Hopkins Jr. M.D.	
			Address	New Market, Maryland.	
Accident or Suicide?		no.			

